



STUDENT CENTERED.
COMMUNITY FOCUSED.

Application for Admission

Official Use

Origin _____

Date _____

By _____

ID _____

Enrollment Center, PO Box 3350, Batesville, AR 72503

800-508-7878 or 870-612-2000

enrollment@uaccb.edu

Demographic Information (NAE)

In order to provide you the most efficient service please complete all information clearly and accurately.

Legal Name: _____
Last First Middle

Mailing Address: _____ Gender: Male or Female
Street or P.O. Box City, State, Zip circle one

Cell Phone: _____ Home Phone: _____ Business Phone: _____

Social Security Number: _____ -- _____ -- _____ Birthdate: ____/____/____ Ethnicity: Hispanic/Latino ___Yes ___No

Race: (Please check all that apply) _____ American Indian or Alaska Native _____ Asian _____ Black or African American
_____ Native Hawaiian or Other Pacific Islander _____ White

E-Mail Address: _____ Have you lived in Arkansas consecutively for the past six months? ___Yes ___No

Other Biographic Information (BIO)

Other Names: Nickname _____ Maiden Name _____ Other _____

Birth Place: City _____ State _____ Country _____

Marital Status: ___Married ___Single ___Single Parent Citizenship: ___United States ___Perm. Resident ___Student Visa ___Other

Emergency Contact Information (EMER)

Name: _____ Relationship: _____ Phone: _____

Academic Information (SHAP)

I will begin attending classes in the following semester: YEAR 20 _____

___Fall (August) ___Spring (January) Summer: ___May Intersession ___Summer I ___Summer II ___Summer III

Admit Status: ___First Time Freshman (Includes previous concurrent students) ___Re-Admittance (Have attended UACCB before, after H.S. graduation)

___HS/Concurrent (For high school credit and college credit simultaneously) ___HS/Dual Enrollment (While attending high school)

___Lyon (COP) ___Transfer (Move credits from another college to seek degree at UACCB) ___Visiting Student (Degree seeking with another institution)

___Personal Enrichment (Not seeking a degree and will not transfer credit) ___Career Development (Not seeking a degree)

___International Student ___Non-Credit (Auditing or community education course)

Primary Language: ___English ___Spanish ___Other Do you currently reside in Independence County? ___Yes ___No

Institutions Previously Attended (HSA/INAT)

Secondary Education: (Please check one of the following.)

___High School Name _____ City _____ State _____ Graduation Year _____

___General Equivalency Diploma (GED) State _____ Month _____ Year _____

___Home School (Must meet ability to benefit or GED in order to qualify for federal aid, please refer to the UACCB catalog for guidelines.)

Higher Education: (Please list all colleges and universities that you have previously attended including UACCB.)

| College/University | City/State | Dates Attended | List Degrees |
|--------------------|------------|----------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Attach a list with your attendance information if you have attended more than two institutions. List all current degrees, certifications and licenses. To be unconditionally admitted and receive transfer credit, you must provide official transcripts from all institutions attended to the Enrollment Center. The Office of Financial Aid is unable to process your financial aid until all official transcripts have been received.

Academic Program: (Please check one of the following degree programs that you will be pursuing at UACCB.)

Associate degree programs are generally considered two-year programs; technical programs are generally considered one-year programs; and certificate of proficiency programs are generally less than one-year programs. Federal financial aid is available for all associate degrees, all technical certificates, and certain certificates of proficiency. Federal guidelines require those seeking federal financial aid to declare a program of study.

Undeclared Major (Not eligible for federal financial aid)

Transfer Programs (Desire a Bachelor degree)

Associate of Arts: Business Focus General Education Liberal Arts Focus

Associate of Arts in Teaching: Middle School Language Arts and Social Studies Middle School Math and Science

Associate of Science: Business General Education Life Science Focus Math and Physical Science Focus Pre-Respiratory Care

Career Programs (Desire Job skills)

Associate of Applied Science:

- Accounting Criminal Justice Industrial Electronics Technology Registered Nursing Web Design
- Administrative Services Early Childhood Education Industrial Equipment Maintenance Technology LPN to RN
- Aviation Maintenance Emergency Medical Technician – Paramedic Industrial Manufacturing Technology LPN to RN Online
- Banking and Finance Entrepreneurship General Technology Networking
- Business Administration Health Information Technology Medical Office Management PC Hardware Repair

Technical Certificate:

- Accounting Support Clerical Services Industrial Equipment Maintenance Technology Web Design
- Aviation Maintenance Technology Airframe Early Childhood Education Industrial Manufacturing Technology
- Aviation Maintenance Technology Powerplant Emergency Medical Technician-Paramedic Practical Nursing
- Banking and Finance Industrial Electronics Technology Software Applications

Certificate of Proficiency: Bank Teller Early Childhood Education EMT Basic General Aviation HVAC Industrial Technology
 Medical Billing and Coding Networking Nursing Assistant Welding

Certification -----

Are you a displaced homemaker? Yes No (Are you pursuing education for training because your spouse has lost his/her job?)

Are you the primary caregiver in your household? Yes No **Do either of your parents hold a bachelor’s degree?** Yes No

In accordance with Act 228 of 1997, sworn penalty under perjury, I certify that I am registered with the Selective Service of the United States of America. Yes I am not registered with the Selective Service because I am: Female A current member of armed forces under 18 years of age 26 years of age or older exempted resident alien other (explain) _____

I give the University of Arkansas Community College at Batesville Enrollment Center Staff permission to view my immunization records from the Arkansas Department of Health. UACCB also has my permission to use, in booklets, press releases and other promotions, the applicant’s name and any school photograph or video or footage in which this applicant may appear. These images may appear in any of the wide variety of formats and media now available to the college and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media.

I hereby certify that all information is complete and accurate. I understand that I will not be considered for unconditional admission to the University of Arkansas Community College at Batesville until I have submitted all documentation specified for enrollment in the UACCB catalog. I understand that withholding information requested or giving false information may make me ineligible for enrollment and financial aid. I understand that, as a part of the admission process, UACCB will verify previous colleges attended and federal aid received through the National Student Loan Data System (NSLDS).

UACCB is committed to the elimination of all discrimination based on race, color, national origin, religion, sex, age, or handicap. The college seeks to comply with all federal, state, and local statutes, regulations, and orders, including those that promote equal protection and equal opportunities for students, employees, and applicants.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|