

Application for COLLEGE NOW Dual Enrollment Program

"College Now" is funded in part by the Commonwealth Dual Enrollment Program.

General Information

College Now is a program where eligible high school juniors and seniors may enroll in **one STCC credit course each semester free of charge**. Students will pay for books, supplies, and must provide their own transportation. Those who participate are subject to all STCC academic and student policies. Students may take any 100-level (or higher) course for which they meet the prerequisites including day, evening, and weekend offerings. After the course is complete, students may request official transcripts from the Registrar's Office at www.stcc.edu/registrar/requesttranscript.asp.

Please be advised: A new application should be submitted, along with a high school transcript, every semester that a student wishes to enroll in a dual enrollment course.

How to Apply

1. Complete application with guidance counselor
2. Attach high school transcript
3. Email application materials to collegenow@stcc.edu or fax to Admissions at (413) 755-6344
4. Receive schedule via email from Admissions

Part 1 Filled Out by Student (Please print or type)

Name: _____
Last First Middle

Permanent Legal Address: _____
Street City State Zip

Home Phone: (____) - ____ - ____ Cell Phone: (____) - ____ - ____

Email Address: _____

Mailing Address: _____
(if different from legal address) Street City State Zip

Male Female SS# - - Birth Date - -
month day year

MASSACHUSETTS RESIDENCY STATEMENT

Massachusetts residents must complete the residency statement.

I have been a Massachusetts resident for six continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, **which I shall present to the institution upon request**. These documents* are dated within one year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

- | | | |
|---|--|---|
| <input type="checkbox"/> Valid driver's license | <input type="checkbox"/> Utility bills* | <input type="checkbox"/> Employment pay stub* |
| <input type="checkbox"/> Valid car registration | <input type="checkbox"/> Voter registration* | <input type="checkbox"/> State/Federal tax returns* |
| <input type="checkbox"/> Mass. high school diploma | <input type="checkbox"/> Signed lease or rent receipt* | <input type="checkbox"/> Military home of record* |
| <input type="checkbox"/> Record of parent's residency for unemancipated person* | <input type="checkbox"/> Other _____ | |
- I am an eligible participant in the New England Board of Higher Education's Regional Student Program.
- I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

Have either of your parents graduated from a four-year college? Yes No

ETHNIC AND RACE INFORMATION (This information is used for statistical purposes only and is optional.)

Please check one:

- Hispanic or Latino
 Not Hispanic or Latino

Please check one or more of the following:

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

SIGN ME UP FOR TEXTME@STCC (optional)

Sign me up to receive text reminders from the Admissions Office!

YES, SIGN ME UP.

FUTURE APPLICANT INFORMATION (This information is used for statistical purposes only and is optional.)

Do you plan to attend STCC after graduation?

Yes No

If yes, please indicate your program of interest. Please check one and indicate program choice:

Certificate Associate's Degree Program Choice: _____

Part 2 Filled Out by Student with Guidance Counselor (Please print or type)

List the course that the student wishes to take. To see current schedule of classes and academic requirements go to www.stcc.edu/collegenow. Please note that class space is limited and availability is on a first-come, first-served basis.

Semester applying for: Summer 1 _____ Summer 2 _____ September _____ January _____
June/July year July/August year year year

Note 1: Students must meet all course prerequisites including, if necessary, the appropriate STCC assessment test prior to registering for a course. Please review the description of the course you are interested in as noted on the website: www.stcc.edu/schedules. STCC assessment information can be found at: www.stcc.edu/testing. Online courses are not available under the dual enrollment program. Courses must be taken on campus.

Note 2: Any schedule changes must be made through the Admissions Office or the student will be billed for the entire course.

Course Name: 1st choice (ex. BIO-101-D01) - -
2nd choice (ex. BIO-101-D01) - -
3rd choice (ex. BIO-101-D01) - -

High School Name: _____

High School Address: _____
Street City State Zip

Guidance Counselor Name: _____ Phone: _____ Email: _____

I certify that all information stated on this application is accurate and complete.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature (if applicant is under 18 years old): _____ Date: _____

Please note: The College reserves the right to share with your high school or school district any information related to disciplinary actions taken by the College against you.

I certify that the above named student is currently enrolled as a junior/senior, is approved to take the course listed above, and has a minimum high school GPA of 2.0. Student SASID # _____

I certify that the above named student has the potential to succeed in college-level courses. Student status: junior senior

Signature: _____ Title: _____ Date: _____
Guidance Counselor or other Designated School Official

Home-schooled students MUST obtain a signature from their school district official or superintendent.