

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 School 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 June/July _____ year Summer 2 July/August _____ year September _____ year January _____ 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) - -

All enrolled dual enrollment students are required to follow the college's academic calendar and attend class on designated class days, regardless of their high school's schedule of breaks.

High School Name: _____

High School Address: _____
Street City State Zip

School 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. The College is committed to protecting the privacy of your educational records and abides by the Student Information Privacy Policy regardless of a student's age. Information regarding this policy can be found at: <https://stcc.edu/privacy-policy-ferpa>

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: _____
School Counselor or other Designated School Official

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