

DCC

Danville Community College



APPLICATION FOR ADMISSION



Danville Community College

For Office Use Only	
Empl. ID	_____
IS	_____ OS _____
Staff Initial	_____
Date	_____

Please Note: In compliance with the Sex Offender and Crimes Against Minors Registry, a portion of this information will be submitted to the Virginia State Police.

- Name: _____
Prefix (Mr., Mrs., etc) First Full Middle Last Suffix (Jr. Sr., etc.)
- Social Security Number: _____ - _____ - _____
See privacy statement, which can be obtained in the Admissions Office.
- Former name: _____
First Full Middle Last
- Date of birth: _____ / _____ / _____
(Month) (Day) (Year)
- Which college do you plan to attend? _____
- What campus do you plan to attend? _____ (If college has more than one campus, indicate the campus you plan to attend.)
- In what type of class will you be enrolling? _____ Credit classes _____ Non-credit classes
- Have you previously attended, applied for admission to, or been employed by any Virginia Community College?
_____ Yes _____ No **If yes, SIS ID (Empl ID), if known:** _____
- What term will you begin classes? 20__ Term: _____ Fall (Aug-Dec) _____ Spring (Jan-May) _____ Summer (May-Aug)
- Primary Phone (include area code): (_____) _____ - _____
- Mailing address: _____
(Street) (City) (State) (ZIP) (Country, if not USA)
- Current Residence: _____ (City/County) **Provide what you consider to be your location of residence. If you temporarily relocated to your current address to get an education, you should provide your previous location.**
- Have you lived in Virginia for the last twelve months? ___Yes ___No If no, where else did you live? _____ (US state or foreign country)
- E-mail address: _____ **This address will be your unofficial e-mail address; you will be assigned an official e-mail address after enrolling in a qualified class.**
- Emergency Contact Information: _____
First Name Last Name Relationship Phone Number
- Employer: _____ 17. Business phone: (____) _____ - _____ ext.: _____
- Ethnicity/Race: Are you Hispanic or Latino? Yes ___ No ___
What is your race? (select any that apply): _____ White _____ Black/African American _____ Asian
_____ American Indian/Alaska Native _____ Native Hawaiian/Other Pacific Island
- Gender: ___ Male ___ Female
- U.S. Citizen Status: ___Native ___ Naturalized ___ Alien Permanent ___ Alien Temporary ___Not reported or Not living in the U.S.
Note: If you have been a U.S. Citizen since birth, choose Native. If you became a U.S. Citizen after birth, choose Naturalized. If you are not a U.S. Citizen, choose one of the types of alien statuses based on your visa: "Alien Permanent," "Alien Temporary," or "Not reported or Not living in the US." Applicants must complete the remainder of the question on Citizen Status.
Country of Citizenship: _____ Permanent Status _____ Resident Alien _____ Asylum _____ Refugee A#: _____
Visa Type: _____ Visa Expiration Date: _____
If you chose "Not reported or Not living in the US," what Visa Status are you requesting? _____
- Primary Language: _____ English _____ Other
- Military status: ___ No Military Service ___ Spouse ___ Dependent ___ Active duty ___ Active reserves
___ Inactive reserves ___ Retired ___ Veteran/VA Ineligible ___ Veteran Branch: _____

Please complete the rest of this form if you plan to pursue a credit program of study or credit classes. If you wish to be considered for in-state tuition rates, certain contract rates, or are planning to apply for Senior Citizen benefits, you must also complete the Application for In-State Tuition. If you selected "non-credit" please sign and date the application.

23. High School Information - Select your level of high school education:

High School (graduated or currently enrolled) Home School (graduated or currently enrolled)
 GED No High School Diploma or GED Foreign High School

High School Details: Name of School Attended/Attending: _____

Located in: _____

City/County _____ State _____ Country _____
 Actual or Anticipated Graduation Date: _____ If no H S Diploma or GED enter highest grade completed _____
 Month Day Year

Only for Virginia high school graduates who graduated 2003 or after.

Diploma Type: Standard Modified Standard General Achievement Advanced Studies Other

24. Colleges/Universities attended. If you have taken any college classes, please list the most recent first. Indicate any degrees earned in the last column with an **A** for Associate, **B** for Bachelor's, **M** for Master's, **D** for Doctorate, or **P** for Professional Degree. If you have not earned a degree, leave the Degrees column blank. Are you eligible to enroll at the college you attended last? Yes No

College or University	City, State/Country (if not USA)	Dates Enrolled	Degrees

25. Family Educational Background:

Father's Highest Education: Do Not Know Less than High School Attended High School
 Graduated from High School Attended College Received an Associate's Degree Received a Bachelor's Degree
 Received a post-Bachelor's Degree

Mother's Highest Education: Do Not Know Less than High School Attended High School
 Graduated from High School Attended College Received an Associate's Degree Received a Bachelor's Degree
 Received a post-Bachelor's Degree

26. Educational Goals: *(Financial Aid students must check "yes" and enroll in an approved plan of study. Include specialization/sub-plan, if applicable).*

Yes, I plan to pursue a degree, certificate, or diploma from my community college.
 Plan of study _____ (Refer to the college's list of academic plans).
 No, I do not plan to pursue a degree at this time. Reason for taking classes (check only one):
 Upgrading current job skills Developing skills for new job Exploring career options
 Pursuing personal interest or general knowledge Currently pursuing degree at another college (transient/visitor)
 Planning to pursue a degree at another college (non-degree/transfer)
 High School Applicants: HS Student - HS & College Credit HS or Home Schooled-No HS Crd
 HS Both Dual/Non-Dual HS Student Adult Learning (age 21 and over and not for GED programs or Middle College)

Residents of Virginia who meet certain criteria may qualify for in-state tuition rates, which are significantly lower than out-of-state rates. To see if you qualify, you will need to complete an Application for In-State Tuition.

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Please contact the college admissions office if you have any questions.

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Applicant's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____

(If under 18 years of age)

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification), disability, national origin, or other non-merit factors. Employer, date of birth, sex, and race information are used for research, reporting, and management of student records.



Application for In-State Tuition

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia.
Please contact the college Admissions Office if you have any questions.



1. Applicant's Name: _____ Date of birth: ____/____/____
First Full Middle Last (mm) (dd) (yy)

2. Are you a U.S. citizen? ___Yes ___No
If "No", are you a permanent resident? ___Yes ___No
If "Yes," what is your "A number"? _____ If "No," what is your immigration status? _____

3. Are you on active duty in the U.S. Armed Forces? ___Yes ___No
If "Yes," is Virginia listed on your Leave and Earnings Statement (LES)? ___Yes ___No
If active duty, Official Duty Station: _____ Reporting Date: _____ Duration of Orders: _____
mm/dd/yyyy mm/dd/yyyy

4. Are you the dependent of an active duty member in the U.S. Armed Forces? ___Yes ___No
If "Yes," is Virginia listed on the Leave and Earnings Statement (LES) of the person of whom you are a dependent?
If active duty, Official Duty Station: _____ Reporting Date: _____ Duration of Orders: _____
mm/dd/yyyy mm/dd/yyyy

5. Are you retired or discharged from the U.S. Armed Forces? ___Yes ___No If "Yes," date of discharge/retirement: _____
mm/dd/yyyy

6. Are you the dependent of someone retired or discharged from the U.S. Armed Forces? ___Yes ___No If "Yes," date of discharge/retirement: _____
mm/dd/yyyy

7. Please choose the domicile on who you want to base your eligibility for in-state tuition:
- Parent's Domicile:** Choose this option if you receive over half of your financial support or you are claimed as a tax dependent by your parents.
 - Legal Guardian's Domicile:** Choose this option if you are under the custody of a court-appointed legal guardian.
 - Spouse's Domicile:** Choose this option if you are married and want to claim eligibility for in-state tuition based on your spouse's domicile.
 - Your Domicile:** Choose this option if you want to claim eligibility for in-state tuition based on your own domicile. **If you are under the age of 24, your eligibility must be based on your parent or legal guardian unless one of the following applies: (Check all that apply.)**
 - I have legal dependents other than my spouse.
 - I am a ward of the court or was a ward of the court until age 18.
 - I am married.
 - Both of my parents are deceased and I have no adoptive parent or legal guardian.
 - I am financially self-sufficient.
 - I have a bachelor's degree and I am working on a graduate degree.
- You may be required to supply "clear and convincing evidence" of your status.**

8. Provide the name of the person upon whom you are basing your domicile: _____
(First) (Middle) (Last)

Using the above person's information, answer the questions below.

9. Is the above person a U.S. citizen? ___Yes ___No If "No," is he/she a permanent resident? ___Yes ___No
If "Yes," what is his/her "A number"? _____ If "No," what is his/her immigration status? _____

10. Is the above person on active duty in the U.S. Armed Forces? ___Yes ___No
If "Yes," is Virginia listed on his/her Leave and Earnings Statement (LES)? ___Yes ___No
If active duty, Official Duty Station: _____ Reporting Date: _____ Duration of Orders: _____
mm/dd/yyyy mm/dd/yyyy

11. Is the above person retired or discharged from the U.S. Armed Forces? ___Yes ___No
If "Yes," date of discharge/retirement: _____ State on LES prior to discharge: _____
mm/dd/yyyy

12. Is the above person a dependent of someone retired or discharged from the Military? ___Yes ___No
If "Yes," date of discharge/retirement: _____ State on LES prior to discharge: _____
mm/dd/yyyy

13. Has the above person lived in Virginia for the last 12 months? ___Yes ___No If "No," where did you live? _____
State or Country

14. For the last year, did the above person (select only one):
___ file Virginia income taxes on all earned income ___ reside in a state without income tax
___ file as a resident in another state ___ have no taxable income
___ file as a resident in Virginia and as a non-resident in another state

15. For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? ___Yes ___No

For the last year, has the above person:

16. held a Virginia Drivers license or Virginia DMV ID? ___Yes ___No If "No," has the above person held a Drivers license or DMV ID to any other state? ___Yes ___No

17. owned or operated a motor vehicle in Virginia? ___Yes ___No If "No," has the above person owned or operated a motor vehicle in any other state? ___Yes ___No

18. been registered to vote in Virginia? ___Yes ___No If "No," has the above person been registered to vote in another state? ___Yes ___No

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Signature of Applicant

Date

Signature of Parent, Legal Guardian, or Spouse

Date