

# APPLICATION FOR ADMISSION TO EAST CENTRAL COMMUNITY COLLEGE

Complete and Return to  
East Central Community College  
Office of Admissions and Records  
P. O. Box 129  
Decatur, MS 39327

## Applicant Information

Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ECCC ID# \_\_\_\_\_  
(To Be Completed by ECCC)

Legal Name: \_\_\_\_\_  
Last First Middle Maiden

Preferred Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Legal Home Address: \_\_\_\_\_

\_\_\_\_\_ City State ZIP County of Residence

Mississippi Resident: YES NO Country of Citizenship: ( ) United States ( ) Other \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Telephone (\_\_\_\_) \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ Gender: M F

\*What is your ethnicity? ( ) Hispanic or Latino ( ) Not Hispanic or Latino ( ) Decline

\*Ethnicity (May Choose More Than One): ( ) Nonresident Alien ( ) Black, Non-Hispanic  
( ) American Indian/Alaska Native ( ) Asian/Pacific Islander  
( ) Hispanic ( ) White, Non-Hispanic ( ) Other

*\*This information is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. You are not required to answer these questions, however, an answer would be appreciated.*

## Parent Information

PARENT OR GUARDIAN: Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City State ZIP County of Residence

Mississippi Resident: YES NO Country of Citizenship: ( ) United States ( ) Other \_\_\_\_\_

## Application Information

Expected Enrollment Date: Year \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer 1 \_\_\_\_\_ Summer 2 \_\_\_\_\_

On-campus housing? YES NO Expected Program Of Study: \_\_\_\_\_  
(If Yes, a housing application and deposit are required.)

## Academic Information

Official transcripts and ACT scores are required for admissions to be complete

Do you have a: \_\_\_\_\_ High School Diploma \_\_\_\_\_ High School Certificate \_\_\_\_\_ Occupational Diploma \_\_\_\_\_ GED

Name of High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

Location of High School Attended \_\_\_\_\_

If GED, Date Taken \_\_\_\_\_ Where did you take the GED? \_\_\_\_\_

Have ever attended ECCC? YES NO If YES, did you attend using a different name? YES NO

If YES, what name? \_\_\_\_\_ If YES, what year? \_\_\_\_\_

Have you taken the ACT? YES NO If YES, did you send your scores to ECCC? YES NO

Have you ever attended or are you currently enrolled in another college? YES NO

If YES, did you attend using a different name? YES NO

List all Colleges attended: \_\_\_\_\_

## Certification

The information I have submitted on this form is correct and complete. I understand that failure to give complete and accurate information in this application could result in revocation of admission to East Central Community College and cancellation of any subsequent enrollment. All transcripts must be filed with the Director of Admissions within 30 days of the application before the process is complete. My signature of the application gives permission for the school(s) I have attended to release my transcripts to East Central.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

East Central Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, or age in admission or access to, or treatment, or employment in its programs and activities. Compliance with Title VI of the Civil Rights Act of 1964 and its amendments, Part H of the Higher Education Act of 1964 and its Amendments, Title IX of the Higher Education Act of 1965 and its Amendments, Section 504 of the Rehabilitation Act of 1973 and its Amendments, the Americans with Disabilities Act of 1990, Age Discrimination Act, and the Vocational Education Act is coordinated by the Vice President for Instruction, Walter Arno Vincent Administrative Building, Rm. 171, P.O. Box 129, Decatur, MS 39327. 1-601-635-6202; fax, 1-601-635-4011.