

**Application for Admission** Type or print in dark ink. Complete all items except those items in maroon.

1. **Social Security Number:** [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ]  
This will be your student number. If you do not have a Social Security number, please contact the Admissions Office.
2. **Name:** \_\_\_\_\_  
Last First Middle Maiden
3. **Permanent Address:** \_\_\_\_\_  
Number Street City State  
Township County Zip County Code [ ] [ ] For office use only.
4. **Telephone:** [ ] [ ] [ ] [ ] [ ] [ ] **5. Sex:**  Female  Male
6. **Race:**  White (W)  Black (B)  American Indian or Alaskan Native (I)  
 Asian or Pacific Islander (A)  Hispanic (H)  Other (O)  Unknown
7. **Birthdate:** [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
8. **Health:** Are you classified as physically, emotionally, or mentally handicapped and in need of special assistance?  
 Yes  No Examples: Deafblind, multi-handicapped, specific learning disability, speech impaired, visually impaired, wheelchair bound.
9. **Citizenship:**  U.S. Citizen  Resident Alien  Non-Resident Alien
10. **Residency:** Do you live in the Alpena Public Schools District?  Yes  No  
If "Yes", how long? [ ] Years [ ] Months Residency Code [ ] [ ] [ ] For office use only.
11. **Is English your first language?**  Yes  No  Unknown
12. **Marital Status:**  Single  Married  Divorced  Widowed  Separated **12a. Number of dependent children** [ ]
13. **Nearest Relative:**  Parent/Guardian  Spouse  Other  
Name \_\_\_\_\_ Telephone [ ] [ ] [ ] [ ]  
Address \_\_\_\_\_  
Number Street City State Township County Zip
14. **Last High School Attended:** \_\_\_\_\_ High School Code [ ] [ ] [ ] [ ] For office use only.  
**Graduated:**  Yes  No  GED  Home Study **Graduation Date:** Year [ ] [ ] [ ] Month [ ] [ ]
15. **Enrollment Type:**  (N) New  (TI) Transfer from in state  (C) Continuing  
 (TO) Transfer from out of state  (R) Readmission (attended ACC, but not last semester)  
 (D) Dual Enrollment (currently enrolled in high school)  
 (T) International Student - New and Returning  
 (S) Special Contract (employer contracted course)  
 (G) Guest Student (enrolled at another college)  (S) Seminar (application not required)
16. **Transfer Students: Colleges Attended**  
Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years attended \_\_\_\_\_  
Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years attended \_\_\_\_\_
17. **Entry Date:**  Fall  Spring  Summer Year: \_\_\_\_\_  Other Date: [ ] [ ] - [ ] [ ] - [ ] [ ]
18. **Campus to Attend:**  Main Campus, Alpena  Huron Shores Campus, Oscoda  Other, Specify \_\_\_\_\_
19. **Program of Study:** Name of Program \_\_\_\_\_  
Six Digit Code Number from list on back: [ ] [ ] [ ] [ ] [ ] [ ]  
Advisor \_\_\_\_\_ Advisor Number [ ] [ ] [ ] [ ] For office use only.
20. I certify that the answers provided on this application are accurate. I understand that knowingly providing false information could result in dismissal from Alpena Community College.

Signature \_\_\_\_\_ Date \_\_\_\_\_

• Indicates optional information. All other information must be completed to process this application.  
Items 5. Sex, 6. Race, 7. Birthdate, 11. Language and 12a. Dependent Children are reported to the Department of Education for statistical purposes only. This information is not considered in the admissions process.