

Fill out and mail to:
JSCC Admissions,
2046 N. Parkway,
Jackson, TN 38301



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2046 N. Parkway,
Jackson, TN 38301

or FAX to:
731-425-9559

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731-425-9559

APPLICATION FOR ADMISSION/READMISSION

Please print. Complete all items before signing and submitting to JSCC Admissions.

Social Security Number:		<small>If a social security number is unavailable, a student ID number will be assigned. Applicants must retain this number for access to their files. For added security, a college-wide ID number is assigned to each student.</small>	
Name	Last	First	Middle/Previous
Address	E-mail Address <small>We will use this e-mail to correspond with you, but will not share with any third parties.</small>		
City	State	Zip	
County	Home Phone	Work Phone	
Cell Phone	Pager No.		
In case of emergency, contact:		Phone	
Are you a Tennessee resident? Yes No If 'yes', how long have you lived in Tennessee? Have you lived in Tennessee continuously since birth? Yes No If no, state your reason for moving to Tennessee:			
<small>Your completion of the following questions is requested for reporting purposes only. This information will not be used to discriminate against any applicant in the admissions decision process.</small>		United States Citizenship? (check one)	
Date of Birth _____ / _____ / _____		U.S. Citizen (If not a citizen, provide all information requested below)	
Gender: Male		Permanent Resident Political Asylee	
Female		Refugee Foreign Citizen	
Race: African American		Country of Citizenship _____	
American Indian		Foreign Address _____	
Asian American		City _____ State/Province _____	
Caucasian		Country of Birth _____	
Hispanic		Permanent Resident Alien No. _____	
Undeclared		Visa Type _____	
		Native Language _____	
<small>Students who apply for F-1 Visa must provide acceptable TOEFL scores.</small>			

Student Classification: Check One: New Student Transfer Student Readmission Transient (one term only) High School Student: Dual Enrollment Joint Enrollment Academically Gifted	I am applying for: Fall Spring Summer Year
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Degree Seeking at JSCC: Yes No (18 hr. limit) (list major)
Certificate Seeking: Yes No (list name)
Taking courses for: Credit Audit

Are you planning to take a JSCC course at a TN Technology Center or area industry? Yes No
Have you earned an LPN diploma at one of the TN Technology Centers? Yes No
Are you applying for financial aid? Yes No

Previous School Information – Check and complete all that apply.

NOTE: Students who graduated with special education diplomas or certificates of attendance are not admissible.

Did you graduate from high school? **Yes** **No** **Date Graduated**

School Name _____ City _____ State _____
 If you did not graduate from high school, did you earn the GED? Yes No If yes, when? _____ mm/yyyy
 Location completed? _____ site _____ city _____ state _____

Previous college/university education: If transcripts listed under a different name, please list that name: _____

Name of Institution(s), City & State (List most recent first)	Dates of Attendance Term/Year	Degree Earned & Date
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

Academic Fresh Start Request - Readmission and transfer students who have been separated from any institution of higher education for at least four years and are interested in the Academic Fresh Start procedure, which disregards all previous college coursework, should check this box.

What is your educational goal for attending JSCC? Complete associate degree at JSCC Take course for job improvement Take courses to transfer to another school or program Personal growth Other: (please list) _____	Have either of your parents attended college? Yes No	How did you hear about Jackson State? (Check all that apply)	
		Newspaper Radio Television Family/friend Employer	High School Counselor JSCC employee/student Brochure/flyer Web Other: _____

What type of classes do you intend to take? (check all that apply)

Day Classes Night Classes Weekend Classes Online College-by-Video

Application Certification and Agreement:
 If you are accepted as a student, there are certain performance tests you will be required to take during your academic career. It is a requirement of admission that you agree to take any tests deemed necessary by JSCC. In those instances where tests are administered by an external entity, you hereby agree that the results of such tests be released to the institution. If you are under 21 years of age and are required by policy to complete the placement tests, your scores on these tests and course placement may be reported to your high school for research purposes. Any test scores will be treated confidentially as required by law.
 EDI System: I give JSCC permission to request my official transcript from any TBR school in which I have previously been enrolled, all of which are noted elsewhere on this application. I realize this is a service provided to me by JSCC and other TBR schools and I understand that it is my responsibility to obtain official transcripts from each institution attended to support my application for admission. JSCC accepts no formal responsibility for delivery of transcripts by other schools.
 Further, if I am admitted to Jackson State, I agree to abide by the rules and regulations of the College.
 I understand that withholding information requested on this application or giving false information may make me ineligible for admission to the college or subject to dismissal. With this in mind, I certify that the above statements are correct and complete.
 Signature: _____ Date: _____

Selective Service Statement:
 All male USA citizens between 18 and 26 years old must have registered for selective service prior to registering for classes. This requirement does not apply to veterans and others exempt by federal law. Indicate whether or not you have registered for the U.S. draft:
 Yes No Exempt – List Reason: _____

Please send one (1) copy of my transcript to:

**ADMISSIONS OFFICE
JACKSON STATE COMMUNITY COLLEGE
2046 N PARKWAY
JACKSON TN 38301-3797**

PLEASE PRINT

Name by which I was officially enrolled:

Last First Middle Previous

Social security number: _____ Date of birth: _____

Present address: _____

Street Address City State Zip

Name of institution attended: _____

City of state of institution attended: _____

Your name while at this institution: _____

Date you attended that institution: From _____ to _____

Month/Year Month/Year

I authorize release of my transcript: _____

Student's Signature

TO REGISTRAR OR COUNSELOR:
Please return a copy of this form with the transcript. Also, bill any changes to student.

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