

APPLICATION

APPLICANT INFORMATION

Please read carefully and complete **all information** in each section. Print in ink or type.

Social Security Number: _____ - _____ - _____

If a social security number is unavailable, a student ID number will be assigned. Applicants must retain this number for access to their files.

Name: _____
Last First Middle/Previous

Permanent Address: _____
Street City State Zip Code

County of Residence: _____ Date of Birth: ____/____/____

Home Phone: _____ E-mail address: _____

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:

We request your completion of the following **for reporting purposes only**. This information will not be used to discriminate against any applicant in the admissions decision: Male Female

Do you consider yourself to be Hispanic/Latino/Spanish origin? Yes No

Select on or more of the following racial categories to describe yourself: White Black or African American
 Asian American Indian Alaskan Native Native Hawaiian or Other Pacific Islander

United States Citizenship? (check one) U.S. Citizen (If not a citizen, provide all information requested below)
 Permanent Resident Foreign Citizen

Permanent Resident Alien No. _____

Visa Type _____ Native Language _____

All applicants whose native language is not English must submit an acceptable score on the Test of English as a Foreign Language (TOEFL). Non-citizens must also provide their visa or alien registration card/passport.

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:

I am not yet 18 Yes No Exempt- List reason _____

Current High School _____ Expected graduation month/year _____
Home-schooled student, list affiliate school or school district with which you are registered.

Semester and year you plan to begin Dual/Joint Enrollment with Jackson State:

Fall 20____ Spring 20____ Summer 20____

Do you plan to use the Tennessee Dual Enrollment Grant at Jackson State Community College? Yes No
If so, please apply on-line at www.TN.gov/collegepays.com

Will you be taking any other Dual Enrollment Course at another institution? Yes No
If so, please list the institution: _____

PARENT/GUARDIAN CONSENT FORM

As the parent/legal guardian of: _____ I hereby grant
Name of child
permission to enroll in either the dual or joint enrollment program at Jackson State Community College. It is understood that I will be responsible for all fees and expenses associated with attending Jackson State and that the above-named student will be subject to all applicable policies associated with attending college.

Signature of Parent/Guardian

Date

Application Certification and Agreement

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

RECOMMENDATION FORM

I hereby recommend that _____ be permitted to enroll in either the Dual or Joint
Student's name

Enrollment Program at Jackson State Community College. I attest that the above-named student meets program requirements and, in my opinion, is capable of completing requirements for the following college courses:

Course No. 1 _____

Course No. 2 _____

Course No. 3 _____

Signature of Guidance Counselor

Date

Signature of Principal

Date