

RE-ENROLLMENT FORM

PART 1: PERSONAL DATA				
Student Name (<i>Last, First, Middle Name</i>)				
Social Security Number or SCTCC Student ID (<i>Providing SSN is optional</i>)		Date of Birth (<i>MM/DD/YYYY</i>)		
Current Mailing Address (<i>House/Apartment Number, Street, P.O. Box/Rural Route</i>)		City	State	
Permanent Address, if different from above.		City	State	
Home Phone ()	Cell Phone ()	What state are you a resident of?	Length of residency?	
E-mail Address:				
PART 2: ADMISSIONS DATA				
Name of major or curriculum you plan to follow: e.g. accounting, auto mechanics, nursing. (<i>Check college policies for admission requirements to specific programs of study.</i>)				
Choice of Program _____				
What is your current education intent at this institution?				
<input type="checkbox"/> Certificate <input type="checkbox"/> Associate in Arts <input type="checkbox"/> Associate of Science <input type="checkbox"/> Diploma <input type="checkbox"/> Complete Courses and Transfer <input type="checkbox"/> MN Transfer <input type="checkbox"/> Associate of Applied Science				
What term do you intend to begin taking classes? (Check <i>one</i> only)				
<input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer Session _____ <div style="display: flex; justify-content: space-around; font-size: small;"> year year year </div>				
Do you plan to attend: <input type="checkbox"/> Full-time (12 or more credits) <input type="checkbox"/> Part-time (fewer than 12 credits)				
PART 3: ACADEMICS INFORMATION / EDUCATIONAL DATA				
Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, date graduated</i> _____		High school attended: _____	(City, State) _____	<i>If no, do you have a GED?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
When was the last time you attended St. Cloud Technical & Community College?				
Have you earned college credits from any other post-secondary institution since last time you attended SCTCC? <input type="checkbox"/> Yes (If yes, complete below) <input type="checkbox"/> No		(If transferring credits, request that official transcripts be sent directly to the Admissions Office of the college. Graduates of MnSCU Colleges only need to fill out the next section of this application.)		
College/University Institute	City	State	Dates of Attendance	
College/University Institute	City	State	Dates of Attendance	
I declare that the information provided on this form is true, correct and complete. SCTCC has my permission to verify information by obtaining documents as needed. I understand that I may be required to provide additional information to complete the application process and providing false information may result in St. Cloud Technical & Community College revoking my status as an accepted or enrolled student.				
Signature _____			Date _____	

Confidential Information Form

Social Security Number

Many institutions, including St. Cloud Technical & Community College, request and use your social security number. While you are not legally required to provide your social security number on this form, you are strongly encouraged to do so. You will be required to provide your social security number when you apply for financial aid or educational tax benefits. If you provide your social security number, it will be used for routine record keeping, institutional statistics, research and required state and federal reporting.

Social Security Number: _____

Last Name: _____

First Name: _____ **Middle Initial:** _____

Gender: Male Female

Race and ethnic background (select *all* that apply):

Are you Hispanic or Latino? (*a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture, regardless of race*) Yes No

American Indian or Alaskan Native: A person having origins in any of the original people of North, Central or South America and who maintain tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in the original peoples of Europe, the Middle East, North Africa.

What is the highest level of education for your parents or guardians?

Parent/Guardian #1: No high school diploma High school diploma Some college
 Two-year college degree/diploma Bachelor's degree of higher Not sure/don't know

Parent/Guardian #2: No high school diploma High school diploma Some college
 Two-year college degree/diploma Bachelor's degree of higher Not sure/don't know

Limited English Proficiency Yes No (*whose native language is a language other than English*)

Displaced Homemaker Yes No

Single Parent/Single Pregnant Woman Yes No (*is unmarried or legally separated from spouse; and has a minor child or children for which the parent has either custody or joint custody; or is pregnant*)

