



SCC BUSINESS INSTITUTE  
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# Student Information Form



## APPLICANT INFORMATION

Student ID# \_\_\_\_\_ Term of Enrollment:  Fall  Spring  Summer I  Summer II Year \_\_\_\_\_

Legal Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Gender\*\*  M  F Social Security Number \_\_\_\_\_

*Your Social Security Number will not be used as your primary student identification number and will be kept confidential. Providing a Social Security Number will ensure that your educational records are complete and correct and will allow the fullest services. Any individuals that wish to gain full access to Maricopa's secure online self-services resources must provide both the Social Security Number and date of birth. Students should be aware that a correct Social Security Number must be on file for reporting information pertaining to potential tax credit, and must be used by applicants for federal and state aid, and Veteran Administration benefits. Failure to provide a correct Social Security Number may preclude the determination of eligibility for in-state residence, resulting in out-of-state tuition.*

### Information Release

Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)?  Yes  No

## ADDRESS INFORMATION

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Other \_\_\_\_\_

Email Address: Home \_\_\_\_\_ Other \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

### RESIDENCY\*

- US Citizen
- Legal Immigrant/Permanent Resident Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_ Alien Registration# \_\_\_\_\_
- Lawful Refugee or Asylee Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_ Alien Registration# \_\_\_\_\_
- Legal Nonimmigrant Specify Visa or status \_\_\_\_\_ Date of Expiration of I-94 \_\_\_\_\_  
Alien Registration Number or I-94 Number \_\_\_\_\_
- Do Not Qualify for Any of the Above
- Country of Citizenship \_\_\_\_\_
- AZ Department of Motor Vehicle License or ID Number \_\_\_\_\_ Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Do not possess an AZ Department of Motor Vehicle License or ID Number

\* These questions are asked for the purpose of determining tuition and fees. State law now requires that a person who is not a citizen or legal resident of the United States or who is without lawful immigration status is not entitled to classification as an in-state student pursuant to A.R.S. Section 15-1802 or entitled to classification as a county resident pursuant to A.R.S. Section 15-1802.01. Failure to answer the above questions may result in being classified as out-of-state for tuition and fee purposes. The responsibility of registering under the proper residency classification is placed upon the student. Any student who falsifies his/her residency shall be required to pay full tuition and may be subject to dismissal from the college and/or criminal action. Refer to the college catalog for residency guidelines.

### RACE/ETHNICITY\*\*

#### This is a two part question:

Do you consider yourself to be **Hispanic/Latino**?  Yes  No If yes, which Ethnic Group? \_\_\_\_\_  
If you responded **YES** to the above and are of more than one race, select from additional ethnic categories below.

If you responded **NO**, please select one or more of the following racial/ethnic categories to describe yourself. If selecting more than one, please indicate which ethnic category you consider as your primary category. You may also include details regarding your ethnic group or Native American tribe if applicable.

Category	Primary Y/N	Ethnic Group/Tribe
American Indian/Alaska Native	_____	_____
Asian	_____	_____
Black or African American	_____	_____
Native Hawaiian or other Pacific Islander	_____	_____
White	_____	_____

\*\* Voluntary information used to comply with Federal Reporting and has no effect on admission to the college. This information will not be used for any discriminatory purpose.

## PREVIOUS EDUCATION

### High School Status (check one box)

- High School Diploma High School Name \_\_\_\_\_ State \_\_\_\_\_ Completion Date \_\_\_\_\_  
SAIS NUMBER \_\_\_\_\_ Arizona Department of Education (ADE) Student Accountability Information Systems (SAIS) Number
- GED Certificate Completion Date \_\_\_\_\_
- Currently Enrolled  High School Name \_\_\_\_\_ State \_\_\_\_\_ Expected Completion Date \_\_\_\_\_  
 Home Taught Expected Completion Date \_\_\_\_\_
- No diploma or GED and under age 18
- No diploma or GED and over age 18

### Previous College (check highest level completed)

- Associate Degree  Bachelor Degree  Master Degree or higher  No College or University  Some College/University, no degree

## FIRST GENERATION COLLEGE STUDENT

Are you a first generation college student?  Yes  No

You are a first generation student if both parents or guardians (parent or guardian if only living with one) did not complete a bachelor's degree.

## LANGUAGE BACKGROUND

What was the first language you spoke as a child? \_\_\_\_\_

What languages were spoken in your home when you were growing up? \_\_\_\_\_

What language do you speak most often now? \_\_\_\_\_

Do you wish assistance with English fluency skills?  Yes  No

## PLEASE CHECK ONE OR MORE IF YOU NEED HELP WITH...

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Financial Aid    | <input type="checkbox"/> Study Skills               | <input type="checkbox"/> Personal Concerns      | <input type="checkbox"/> Commuter Information   |
| <input type="checkbox"/> Finding Work     | <input type="checkbox"/> Writing Skills             | <input type="checkbox"/> Learning Disability*** | <input type="checkbox"/> Work Experience Credit |
| <input type="checkbox"/> Learning English | <input type="checkbox"/> Math Skills                | <input type="checkbox"/> Physical Disability*** | <input type="checkbox"/> Childcare Information  |
| <input type="checkbox"/> Reading Skills   | <input type="checkbox"/> Choosing a Major or Career | <input type="checkbox"/> Health Problems        | <input type="checkbox"/> Mentoring              |
| <input type="checkbox"/> Other _____      |   |   |   |

\*\*\* If you require assistance or accommodation to participate fully as a student, please contact Disability Services and Resource (DSR)

## EMPLOYMENT HOURS

Employment hours planned per week while enrolled:

1-10 hours       11-15 hours       16-20 hours       21 - 30 hours       31 or more hours       None

## MILITARY

Are you currently a member of the US Armed Forces stationed in Arizona pursuant to military orders?  Yes  No

Are you a dependent of a member of the US Armed Forces stationed in Arizona pursuant to military orders?  Yes  No

Are you a Veteran of the US Armed Forces?  Yes  No

## RESIDENCY

**Final residency decisions for tuition purposes will be made in accordance with A.R.S. 15-1801 and regulations of the Maricopa Community College Governing Board.**

Will you reside in Arizona at the time of attendance?  Yes  No

What date did your present stay in Arizona begin? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

What was your most recent state of residence prior to moving to Arizona? \_\_\_\_\_

In what Arizona county do you reside? \_\_\_\_\_

If Maricopa, what date did you move to this county? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

What Arizona county did you reside in prior to moving to Maricopa County? \_\_\_\_\_

Are you seeking admission under the Western Undergraduate Exchange program?  Yes  No

If yes, in which state do you currently reside? \_\_\_\_\_

## HOW DID YOU HEAR ABOUT THIS COLLEGE?

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Advertisement       | <input type="checkbox"/> Agency Referral              | <input type="checkbox"/> Application - Quick Admit | <input type="checkbox"/> Billboards       | <input type="checkbox"/> Brochure           |
| <input type="checkbox"/> Bus Stop Billboards | <input type="checkbox"/> Career Fair                  | <input type="checkbox"/> Cross College             | <input type="checkbox"/> Direct Mail      | <input type="checkbox"/> Email              |
| <input type="checkbox"/> Fax                 | <input type="checkbox"/> Flyer                        | <input type="checkbox"/> Friend/Relative           | <input type="checkbox"/> Group            | <input type="checkbox"/> HS Counselor       |
| <input type="checkbox"/> HS Recruitment Tour | <input type="checkbox"/> High School Referral         | <input type="checkbox"/> International Recruitment | <input type="checkbox"/> Internet         | <input type="checkbox"/> Military Recruiter |
| <input type="checkbox"/> Newspaper Ad        | <input type="checkbox"/> Off-Site                     | <input type="checkbox"/> Other                     | <input type="checkbox"/> Outreach Event   | <input type="checkbox"/> Phone              |
| <input type="checkbox"/> Radio Ad            | <input type="checkbox"/> Recruiter                    | <input type="checkbox"/> Schedule of Classes       | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Student            |
| <input type="checkbox"/> TV                  | <input type="checkbox"/> Theatre Screen Advertisement | <input type="checkbox"/> Word of Mouth             | <input type="checkbox"/> Yellow Pages     |   |

## EDUCATIONAL PLAN

**Primary reason for attending this college:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Improve my career skills    | <input type="checkbox"/> Learn new career skills | <input type="checkbox"/> Personal Interest/Self Improvement |
| <input type="checkbox"/> Prepare for a career change | <input type="checkbox"/> Prepare for employment  | <input type="checkbox"/> Transfer to a University/College   |
| <input type="checkbox"/> Transfer within MCCC        |  |   |

**Transfer to University/MCCC College:** \_\_\_\_\_  
Name of Transfer Institution Area of Study

## VEHICLE EMISSIONS

Car meets emissions standards       Will not park on campus

For crime statistics reported under the Jeanne Cleary Disclosure of Campus Security Policy and Campus Crime Statistics Act, please visit [www.maricopa.edu/safety](http://www.maricopa.edu/safety)

## ACADEMIC PLAN

**What academic plan do you intend to earn from this college?**

Degree Name \_\_\_\_\_ Code: \_\_\_\_\_       Certificate Name \_\_\_\_\_ Code: \_\_\_\_\_

**I CERTIFY THAT THE ANSWERS ON THIS STUDENT INFORMATION FORM ARE TRUE, CORRECT AND COMPLETE.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**ALL OF THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND IN COMPLIANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974. THE ACT'S PROVISIONS ARE EXPLAINED IN THE GENERAL CATALOG.**