

# Application For Admissions



Major or Career Interest \_\_\_\_\_

Semester of first enrollment:

Fall \_\_\_\_\_ Full Time \_\_\_\_\_  
Spring \_\_\_\_\_ 20\_\_\_\_\_ Part Time \_\_\_\_\_  
Summer \_\_\_\_\_

Please Print

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

2. Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. Birthdate \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
(Month) (Day) (Year)

4. High School Graduate Of \_\_\_\_\_  
(School) or (GED) (State) (Year)

5. Religious Preference (optional) \_\_\_\_\_ Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_

6. Social Security Number \_\_\_\_\_ U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, Visa Type \_\_\_\_\_  
If you choose not to use your Social Security number, a number will be assigned for identification purposes.  
Financial Aid cannot be processed without Social Security number.

7. Permanent Resident \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(County) (State) (Zip)

8. Parent/Guardian/Spouse \_\_\_\_\_ Telephone \_\_\_\_\_  
Circle one: Mr. Mrs. Ms. Mr.&Mrs.

Address \_\_\_\_\_

9. Ethnic/Racial Status (required for federal and state accounting purposes only):  
Asian/American \_\_\_\_\_ Black/American \_\_\_\_\_ Mexican/American \_\_\_\_\_ White \_\_\_\_\_  
American Indian \_\_\_\_\_ Hispanic/American \_\_\_\_\_ Other \_\_\_\_\_

10. Have You Earned Previous College Credit? Yes \_\_\_\_\_ No \_\_\_\_\_ Hours Of Credit \_\_\_\_\_  
College Where Credit Was Earned \_\_\_\_\_

11. Did either of your parents graduate from a 4-year institution? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Have You Ever Been Convicted of a Felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief explanation  
(What, where, when): \_\_\_\_\_

All Entering Students Are Required To Submit: An official High School or G.E.D. Transcript, Previous college transcript, Medical History form. To be official, transcripts must be sent directly from the educational institution.

Information Desired but not required: American College Testing report (ACT) or its equivalent

I certify that the information given is correct and complete. I understand that submission of false information is grounds for denial of admission, re-enrollment or immediate suspension if enrolled. If accepted as a student at Colby Community College, I agree to abide by the rules and regulations of the college regarding conduct, financial and other obligations. By signing this statement, I also hereby authorize the release of all my college, vocational and/or high school transcripts and other pertinent records to Colby Community College.



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

1255 South Range • Colby, KS 67701 • (785)462-4690  
www.colbycc.org Toll Free 1-888-634-9350

**ACTIVITIES AT COLBY COMMUNITY COLLEGE:**

Check college activities in which you wish to participate.

- |   |   |
|---|---|
| <input type="checkbox"/> Varsity Baseball       | <input type="checkbox"/> Cheerleading       |
| <input type="checkbox"/> Varsity Basketball     | <input type="checkbox"/> Instrumental Music |
| <input type="checkbox"/> Varsity Cross-Country  | <input type="checkbox"/> Vocal Music        |
| <input type="checkbox"/> Varsity Track          | <input type="checkbox"/> Drama              |
| <input type="checkbox"/> Varsity Volleyball     | <input type="checkbox"/> Journalism         |
| <input type="checkbox"/> Varsity Wrestling      | <input type="checkbox"/> Rodeo              |
| <input type="checkbox"/> Varsity Softball       | <input type="checkbox"/> Equestrian Team    |
| <input type="checkbox"/> Livestock Judging Team | <input type="checkbox"/> Academic Quiz Bowl |
| <input type="checkbox"/> Dance Team             |   |

Other: \_\_\_\_\_

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Signature

\_\_\_\_\_  
Date