

• indicates a required field

Last Name • \_\_\_\_\_ First Name • \_\_\_\_\_ Middle \_\_\_\_\_ Former Name, if any \_\_\_\_\_

Address • \_\_\_\_\_

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

Day Phone • \_\_\_\_\_ ext. \_\_\_\_\_ Evening Phone • \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

The following information, except for Social Security Number and citizenship status, is being requested on a voluntary basis for statistical purposes only. All information in this section will be kept confidential. Your Social Security Number and citizenship status are required for tracking and financial purposes only.

Your Social Security Number will not be used as your identifier number at Community College of Philadelphia. The College will assign you a separate ID number once your admissions application is processed.

Gender:  Male  Female

Birth Date: \_\_\_\_\_  
Month Date Year

Social Security Number •: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Citizenship •:  U.S. Citizen  Non Citizen  
 Eligible Non Citizen (Green Card Holders, Special Refugee, Political Asylum)

Ethnicity/Race:  American Indian or Alaskan Native  Black Non-Hispanic  Asian or Pacific Islander  
 Hispanic  White Non-Hispanic  Other

Please Indicate the semester and year when you would like to begin classes at Community College of Philadelphia.

Fall 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_  Summer I 20 \_\_\_\_\_  Mid Summer 20 \_\_\_\_\_  Summer II 20 \_\_\_\_\_  
September January May June July

• How long have you legally resided in the United States? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)  
• How long have you legally resided in the state of Pennsylvania \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)  
• How long have you legally resided in the city of Philadelphia \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

• Program of study: \_\_\_\_\_

How did learn about Community College of Philadelphia? \_\_\_\_\_

Please indicate the name of high school you currently attend.

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I will graduate \_\_\_\_\_ Cumulative GPA (on a 4.0 scale) \_\_\_\_\_ Current Math Grade \_\_\_\_\_ Current English Grade \_\_\_\_\_  
Month Year (A, B, C, D) (A, B, C, D)

Have you taken the SAT?  Yes  No If yes, what date did you take the SAT? \_\_\_\_\_

SAT Total Score: \_\_\_\_\_ SAT Math Score: \_\_\_\_\_ SAT Critical Reading Score: \_\_\_\_\_ SAT Writing Score \_\_\_\_\_

Have you taken the ACT?  Yes  No If yes, what date did you take the ACT? \_\_\_\_\_

ACT Composite Score: \_\_\_\_\_ English ACT Score: \_\_\_\_\_ Math ACT Score: \_\_\_\_\_ Reading Score: \_\_\_\_\_ Science ACT Score \_\_\_\_\_

# Community College *of* Philadelphia

The College requires placement testing that measures your skills in reading, writing, and math. This test will help determine your placement into specific curriculum and classes. If you require special accommodations due to a disability, please contact the College's Center on Disability at 215-751-8050.

I would like to register for the:  Standard Placement Test  English as a Second Language Placement Test  
(required if in the U.S. for less than five years)

My preferred test location is:  Main Campus  Northwest Regional Center  Morning  Evening  
 Northeast Regional Center  West Regional Center  Afternoon  Weekend

What is your native language?  
 English  Arabic  Cambodian/Khmer  Chinese  French/Creole  Gujarti  
 Korean  Malayalam  Polish  Russian/Ukrainian  Spanish  Vietnamese  
 Other (please specify)

Philadelphia private, public, and parochial school students may apply to the Advance at College program when signatures of the student, his/her parent/guardian and principal or designee appear on the form below.

All students seeking to enroll in the Advance at College program must complete the Community College of Philadelphia assessment test and achieve college level scores in English, mathematics, and reading. Only students placing at the college level will be qualified to enroll in class.

Tuition and fees for the Advance to College program are the full responsibility of the student, parent/guardian and/or high school principal. Advance at College students are not eligible for financial aid.

## Student

I authorize Community College of Philadelphia to furnish \_\_\_\_\_  
(Name of high school)

any and all information pertaining to my academic record while I am enrolled in Community College of Philadelphia as an Advance at College student. I hereby release Community College of Philadelphia from any liability or damage that may result from furnishing the information requested. I understand that Advance at College students must comply with all College policies including requirements for attendance and class and campus behavior.

I affirm that all the information given by me in this application is true to the best of my knowledge. I understand that falsification of information is perjury and may be grounds for dismissal. I further affirm that all claims regarding my legal residence are correct and honestly presented. I have no intention to willfully defraud the College or its sponsoring agencies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Parent/Guardian

The above named student has permission to enroll in the Advance at College program at Community College of Philadelphia:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Superintendent/Principal

The above named student has permission to enroll in the Advance at College program at Community College of Philadelphia:

\_\_\_\_\_  
Name

Superintendent/Principal (Print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you require special accommodations due to a disability, please call 215-751-8050.

## Affirmative Action Statement

Community College of Philadelphia is committed to the principles of equal employment and equal educational opportunity for all persons without regard to race, color, ancestry, creed, national or ethnic origin, age, sexual orientation/preference, religion, sex, disability or status as a disabled veteran or veteran of the Vietnam Era, in the administration of its educational programs, activities, or employment in accordance with applicable Federal statutes and regulations.

J

For office use only

## Educational Records Release

I agree to allow Community College of Philadelphia to disclose information contained in my son's/daughter's records which will include, but is not limited to information on attendance, participation, behavior, grades, test scores, and placement test scores to appropriate officials at his/her home high school.

I understand that under the Family Educational Rights and Privacy Act (FERPA), Community College of Philadelphia is required to obtain my consent before releasing any information and my signature below indicates my consent.

I understand that under certain conditions outlined in FERPA, Community College of Philadelphia is able to disclose "directory" information, such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance, without my consent to school officials with legitimate educational interests.

Name \_\_\_\_\_  
Parent/Guardian (Print Name) Signature Date

Name \_\_\_\_\_  
Student (Print Name) Signature Date