



COURSE INFORMATION

COURSE NAME	COURSE NUMBER	SECTION NUMBER

STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER

STREET ADDRESS	CITY	STATE	ZIP CODE	DATE OF BIRTH
				/ /
				MO DAY YR

SEX	HOME PHONE #	HIGH SCHOOL ATTENDED		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	() -	<input type="checkbox"/> 140510-Carbondale <input type="checkbox"/> 141655-DuQuoin <input type="checkbox"/> 142365-Johnston City <input type="checkbox"/> 144360-West Frankfort <input type="checkbox"/> 888888-GED <input type="checkbox"/> 140555-Carterville <input type="checkbox"/> 141785-Elverado <input type="checkbox"/> 142775-Marion <input type="checkbox"/> 140485-Trico Graduation Year: _____ <input type="checkbox"/> 142770-Crab Orchard <input type="checkbox"/> 142250-Herrin <input type="checkbox"/> 143100-Murphysboro <input type="checkbox"/> 999999-Other (specify): _____		

COUNTY OF RESIDENCE	ETHNIC ORIGIN	STUDENT INTENT	HIGHEST DEGREE EARNED	This is verification that my address above is the one on my driver's license, and/or state ID, and/or my voter's registration card. _____ Student Signature Date _____ _____ Instructor Signature Date _____
<input type="checkbox"/> Williamson (199) <input type="checkbox"/> Jackson (077) <input type="checkbox"/> Franklin (055) <input type="checkbox"/> Randolph (157) <input type="checkbox"/> Perry (145) _____ (specify other county)	<input type="checkbox"/> Asian (Pacific Islander) (1) <input type="checkbox"/> American Indian (2) <input type="checkbox"/> Black Non-Hispanic (3) <input type="checkbox"/> Hispanic (4) <input type="checkbox"/> White Non-Hispanic (5)	<input type="checkbox"/> To prepare for transfer to a 4-yr college or university <input type="checkbox"/> To improve skills for my present job <input type="checkbox"/> To prepare for future job immediately after attending the community college <input type="checkbox"/> To prepare for the GED test or improve basic academic skills <input type="checkbox"/> For personal interest/self-development (not career oriented) <input type="checkbox"/> Unknown/other	Doctoral (D) 1 st Professional (P) Master's (M) Bachelor's (B) Associate (A) Certificate (C) Some College (S) H.S. Diploma (H) GED (G) None (N) Other (O)	
RESIDENCE STATUS	<input type="checkbox"/> In-district (1) <input type="checkbox"/> Out-of-district (2)			