APPLICATION FOR ADMISSION

Macomb Community College
Education • Enrichment • Economic Development

Discover. Connect. Advance.

1	U.S. SOCIAL SECURITY NUMBER					
* 2 .	. BIRTHDATE (MONTH/DATE/YEAR)					
*4.	I plan to enroll starting: Fall 20(August/September) Winter 20(January) Spring/Summer 20(May/June)					
*5	NAME					
*6	HOME ADDRESSSTREET ADDRESS					
	CITY STATE ZIP					
*7.	PRIMARY PHONE NUMBER SECONDARY PHONE NUMBER					
	Business Cell Home Business Cell Home					
8.	EMAIL ADDRESS (EXAMPLE: JOHN@YAHOO.COM)					
	Email is needed to receive valuable College information regarding admissions, registration, financial aid, emergency closings, etc.					
9.	NAME AND PHONE NUMBER WITH AREA CODE					
10.	(In case of an emergency or possible health-related issue) Are you under age 18? Yes No If yes, what is your current age?					
+11.	GENDER Male Female					
*12	ETHNIC ORIGIN Hispanic/Latino Non-Hispanic/Latino					
+13 .	RACE Please select one or more of the following racial categories to describe yourself: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander					
*14.	CITIZENSHIP United States of America Non-U.S. Citizen					
*15	If not a U.S. Citizen, country of citizenship:					
*16.	6. IMMIGRATION STATUS Note: VISA holders must provide a copy of visa to admissions@macomb.edu, by fax (586.445.7140 or 586.226.4787) or in person (G building) before application can be processed.					
	F-1 Student VISA B Visitor VISA DACA Deferred Action					
	H-1B VISA—Temporary Employment L-1 VISA—Temporary Employment—International Employer					
	Permanent Resident					
	Refugee/Asylee					
	Other VISA status					

*17	MILITARY AFFILIATION Please sele	ect all that apply to describe	yourself:				
	Veteran		Spouse/Dependent of Veteran				
	Active Member of Military		Spouse/Dependent of Active Member of Military				
	National Guard/Military Reserves None of the above		Spouse/Dependent of member of National Guard	Military Reserves			
18 .	Are you interested in applying for	Financial Aid? 🗌 Yes	No				
*19	ADMISSION STATUS Only check	one option below:					
	Attending college for the first time						
	Transferring from another college						
	Guest student (currently attending another college and plan to attend Macomb for one semester)						
	Personal Interest (Not planning on pursuing a certificate or degree)						
*20	 *20. What are your educational goals? Please select one or more of the following to describe your educational goals: Certificate Associate Degree 						
	Transfer to a four-year college or university						
	Personal Interest (Not pursuing a	-					
22	High School Last Attended:						
	NAME OF HIGH SCHOOL/HOMESCHOOL A	ITENDED	CITY/STATE				
23 .	Did you earn? (select one)						
	High School Diploma GED Certificate of Completion Not Applicable						
24 .	Anticipated or Actual Graduation	Date:					
	YEAR						
25.	. Please list all colleges or universities attended:						
	NAME	CITY/STATE	YEARS ATTENDED (EX	AMPL F: 2009-2012)			
				,			
	NAME	CITY/STATE	YEARS ATTENDED (EX	AMPLE: 2009–2012)			
	NAME	CITY/STATE	YEARS ATTENDED (EX	AMPLE: 2009–2012)			
*26.	6. I certify that all my responses are true to the best of my knowledge. I understand the policies and procedures published in the College catalog, schedule of classes, and on the College website (<i>www.macomb.edu</i>) are the official sources of information for Macomb Community College.						
	SIGNATURE OF APPLICANT		DATE OF APPLICATION				
Return	completed Application for Admission to:	Admissions & Outreach, G-30 14500 E. 12 Mile Rd. Warren, MI 48088	01 –OR– Admissions & Outreach, G-110 44575 Garfield Clinton Twp., MI 48038				
 *REQUIRED—These fields are mandatory. OPTIONAL—Information will be kept confidential and will not be used as a factor in the admission process. Birthdate is required to use Web-Reg. 							
				Designed & Printed in Macomb County			

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