

Washington State Community College - Application for Admission



WASHINGTON STATE
COMMUNITY COLLEGE

- Read this entire form and complete ALL information. Make certain information is correct and complete.
- Submit the appropriate high school transcript or copy of GED and transcript(s) of courses taken at colleges and/or universities/or military.
- Return the completed application to the admissions office in the Main Building.
- An additional health sciences program application must be filled out for each health sciences program.

710 Colegate Dr.
Marietta, OH 45750
740.374.8716
www.wsc.edu

PERSONAL INFORMATION

Legal First Name	MI	Legal Last Name	Maiden Name (if different than current)
Mailing address			
City	State	Zip/postal code	County
Are you a U.S. citizen? <input type="radio"/> yes <input type="radio"/> no	Have you been an Ohio resident for the past 12 months? <input type="radio"/> yes <input type="radio"/> no	Social Security Number (Your SSN will only be used for administrative purposes) - -	
If not a U.S. citizen, country of legal citizenship:	INS classification: <input type="radio"/> Permanent Resident (Green card) <input type="radio"/> Student Visa	Permanent Resident Alien Registration Number:	
E-mail address			
Cell phone ()	Home phone ()	Work phone ()	

The following information is required of the college to comply with the U.S. Department of Education reporting requirements and for other statistical purposes. This information is not used in either college or program admissions decisions.

Date of birth (mm/dd/yyyy)	Gender: <input type="radio"/> male <input type="radio"/> female	Marital status: <input type="radio"/> divorced <input type="radio"/> married <input type="radio"/> separated <input type="radio"/> single <input type="radio"/> widowed		
Ethnic Group <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-hispanic/Non-Latino	Specify your race (select all that apply) <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian/Other Pacific Islander			
How did you hear about us? <input type="radio"/> alumni <input type="radio"/> billboard <input type="radio"/> current student <input type="radio"/> Facebook <input type="radio"/> family <input type="radio"/> friend <input type="radio"/> Internet <input type="radio"/> Movie Theater Preview <input type="radio"/> newspaper <input type="radio"/> radio <input type="radio"/> television <input type="radio"/> WSCC admissions <input type="radio"/> other _____				

PREVIOUS EDUCATION (All fields are required)

Did either parent graduate from a four-year college/university? <input type="radio"/> yes <input type="radio"/> no		
If you are attending or graduated from a vocational or technical education program, please list it below:	Start Year	End Year
Please indicate if you were a member of a TRIO program during high school <input type="radio"/> Educational Talent Search <input type="radio"/> Upward Bound <input type="radio"/> None		
Please check your High School status: <input type="radio"/> High School Diploma <input type="radio"/> GED <input type="radio"/> Still in High School <input type="radio"/> Other		
Graduation or GED date:	High school last attended:	

OTHER UNIVERSITY OR COLLEGES ATTENDED

1)	Start Year:	End Year:
2)	Start Year:	End Year:
3)	Start Year:	End Year:

IMPORTANT: List all colleges/universities previously attended if you will be providing official transcripts for transfer of credit.

Are you a transient student? <input type="radio"/> yes <input type="radio"/> no
<i>(Transient students are students attending another college who plan to enroll at WSCC and transfer the credits back to the other college.)</i>

NOTICE: YOU MUST COMPLETE PAGE 2 OF THIS APPLICATION

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COLLEGE PLANS *(All fields are required)*

When do you plan to start attending WSCC?

Fall Spring Summer Year: _____

What is your academic intent?

Associate degree for job Personal interest* Transfer to 4-year college before completing a degree*
 Associate degree for transfer Take non-credit course(s)* Upgrade skills*
 Obtain a certificate Train for a new career* *Not financial aid eligible

Do you plan to attend:

full-time part-time uncertain

Are you a: active duty service member dependent/spouse/child of active duty service member Do you intend to use VA benefits?
 veteran dependent/spouse/child of veteran not applicable yes no

Consent to receive text messages?

yes no

PLEASE SELECT ONE PROGRAM OF STUDY FROM THE LIST BELOW:

Auto & Diesel

- Automotive Technology
- Automotive Service
- Automotive Technician*
- Diesel Truck Systems
- Truck Maintenance*

Business & IT

- Accounting Technology
- Accounting
- Accounting*
- Administrative Assistant (Executive or Medical)*
- Business Management
- On Campus
- Online
- Digital Technology
- Cyber Security & Investigation
- C.A.S. Help Desk*
- Cyber Security*

Engineering & Industrial Technologies

- Advanced Manufacturing & Integration
- Electrical Engineering Technology -
 Instrumentation Control & Electrical
- Industrial Technology
- Chemical Operator (online)*
- Industrial Technology
- Multi-Craft*
- Process Technician (online)

Health

- Health & Wellness Technology
- Area of Interest:
- Associate Degree Nursing‡
- Health Information Management
 Technology‡
- Massage Therapy*‡
- Medical Billing & Coding*‡
- Medical Laboratory Technology‡
- Practical Nursing*‡
- Radiologic Technology‡
- Respiratory Therapy Technology‡

Law & Public Safety

- Criminal Justice Technology
- Criminal Justice
- Peace Officer Basic Academy
- Peace Officer Basic Academy*
- Social Services Technology
- Chemical Dependency Counseling‡
- Social Services Technology

Transfer

- Business Administration
- Education
- General Sciences
- Liberal Arts
- Social Services
- Associate of Individualized Studies

Certificates of Completion

- (less than one year - not eligible for financial aid)*
- Peace Officer Basic Academy
 - Private Security

*** Denotes a 1-year certificate program**
‡ Selective admission program

NOTE: You must be admitted into a degree or certificate program to receive financial aid or VA benefits.

To the best of my knowledge every statement made by me as part of this application is complete. I realize that deliberate falsification of this application could be sufficient grounds for dismissal from the college. I understand it is my responsibility to notify the Office of Admission of any changes in the information contained in the application.

Washington State Community College follows an open admission policy, except in health sciences programs. This form is not used to evaluate a student for admission; it is for information in the maintenance of student records. An additional application must be filed for each of the health sciences programs. No person is excluded from participation in or denied benefits from any program or opportunity at Washington State Community College on the basis of race, color, gender, disability, religion, ancestry or national origin.

I agree to let Washington State Community College, its subsidiaries and its agents publish or make other public use of my photograph, video and/or other reproductions. Washington State has the responsibility of inspecting, approving and selecting these for their use. Washington State will not make any deliberate distortion or other alteration to these items. I agree not to hold Washington State liable for any distortion or other alteration that may result.

Applicant's signature

Date