



APPLICATION FOR NON-DEGREE ENROLLMENT

The completed application for enrollment and required components should be submitted to the Admissions Office with the required \$50 application fee at least 30 days prior to the start of the course. This fee is deducted from the tuition of the course taken, but is NONREFUNDABLE should you choose not to enroll.

PERSONAL INFORMATION:

Name: First		Middle	Last	
Address: Street Address or PO Box		City	State	Zip
() - ()	() - ()	() - ()		
Home Phone	Work Phone	Cell Phone	Email Address	
- -				
Social Security	Date of Birth	County of Residence (<i>i.e. Cabarrus, Rowan</i>)		

- Yes** **No** - Are you currently employed at CMC-NE? If yes, department name/phone ext. _____
- Yes** **No** - Are you a US Citizen? If no, you must present a current Permanent Resident card or valid I-551 card.
- Yes** **No** - Have you ever been convicted of a criminal offense other than a minor traffic violation, or are criminal charges pending against you at this time? If yes, please attach a detailed explanation _____

EDUCATIONAL BACKGROUND:

High School Graduated: Yes No - Currently Enrolled: Yes No – if yes, anticipated graduation date (see Admissions Director): _____

Name of High School: _____ City and State: _____
 Dates Attended: _____ To: _____ Date of Graduation: _____

College: Yes No
 Attended College: If yes, complete below (Attach a separate sheet if needed):

Name of College: _____ City and State: _____
 Dates Attended: _____ To: _____ Date of Graduation: _____
 Name of College: _____ City and State: _____
 Dates Attended: _____ To: _____ Date of Graduation: _____

List any Certifications held-include certification field, number and date: _____

COURSE(S) REQUESTED:

Course Name: _____	Number: _____	Section: _____
Course Name: _____	Number: _____	Section: _____
Course Name: _____	Number: _____	Section: _____
Course Name: _____	Number: _____	Section: _____

Do you intend to apply to a program in the future at CCHS? If so, in which program? _____

This information is requested by the US Department of Education and is used for statistical purposes ONLY:

GENDER	ETHNIC GROUP/RACE	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Hispanic of any race For non-Hispanic only: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races

APPLICANT'S CERTIFICATION STATEMENT: Read carefully.

I certify that all of my statements on this application are true and correct to the best of my knowledge and belief. I understand that falsification of information or omissions related to this application will be sufficient cause for denial of enrollment at Cabarrus College of Health Sciences. I voluntarily give the College the right to investigate my past education, employment, social background, and other activities; agree to cooperate in such investigations; and release from all liability or responsibility all persons, companies, or institutions supplying such information. I agree to conform to the rules and regulations of the College. I understand that acceptance as a Non-Degree Student does not guarantee acceptance to any program of the College and that the maximum number of credit hours for which I can enroll is twelve (12).

Signature _____

Date _____