



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 M.I. Maiden-Optional Last

Address:

Street Address or PO Box City State Zip

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Home Phone Work Phone Cell Phone E-Mail Address

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Social Security # Date of Birth County of Residence (i.e. Cabarrus, Rowan)

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/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/State: _____

Dates attended: _____ to _____ Date of graduation: _____

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Dates attended: _____ to _____ Date of graduation: _____

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

Course(s) Requested:

Course Name: _____ Number: _____ Section: _____

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Course Name: _____ Number: _____ Section: _____

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

DEMOGRAPHIC INFORMATION: Requested by US Dept. of Education and used for statistical purposes ONLY.

Sex: _____ Ethnic Group/Race: _____

Male Nonresident Alien American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Female Race/Ethnicity Unknown Asian White

Hispanics of any race Black or African American 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).

_____ Date

_____ Signature of Applicant

Cabarrus College of Health Sciences offers equal educational opportunities
401 Medical Park Drive * Concord, NC 28025
704-403-1556 Phone * 704-403-2077 FAX