

# APPLICATION FOR ADMISSIONS

(PLEASE PRINT) Return completed form to the Delta Admissions office via mail or in person.

Office use only

Student Number: \_\_\_\_\_

Semester: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden and/or  Former Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Female  Male Ethnicity:  Hispanic/Latino  Non-Hispanic

Race: (Check all that apply)  American Indian/Alaskan Native  Asian  Black/African-American  
 Native Hawaiian/Pacific Islander  White  International (Not U.S. Citizen)

Admissions Status:  First Time in any College  Dual-Enrollment  International Student  Guest Student  Transfer Student

Anticipated Beginning Semester: (Please check one and specify the year)

Fall 20\_\_\_\_ (Sept - Dec)  Winter 20\_\_\_\_ (Jan - April)  Spring/Summer 20\_\_\_\_ (May - June)(June - Aug)

Enrollment Plans: (Please refer to "Programs of Study" on back)

Program Title: \_\_\_\_\_ Code #: \_\_\_\_\_

Educational Plans: (Check ONLY one box)

Working towards a Delta College degree or certificate and then entering the work force.  
 Working towards a Delta College degree or certificate then transferring to a 4-year College or University. (Anticipated College: \_\_\_\_\_)  
 Increase work skills\*  Personal enrichment\*

\*Not eligible for financial aid.

## RESIDENCY

Note: See Residency Guidelines below for the definition of Legal Resident. Delta College reserves the right to request proof of residency.

Legal Resident of:  Bay County  Midland County  Saginaw County How Long? \_\_\_\_\_ Years • Months (please circle)

Other Michigan County: (please specify) \_\_\_\_\_

Out of State/Foreign Country:

If permanent resident of county for less than 3 months, indicate former county \_\_\_\_\_

United States Citizen:  Yes  No If "No", Home Country: \_\_\_\_\_ Visa Type: \_\_\_\_\_ Permanent Resident Green Card #: \_\_\_\_\_

Do either of your parents or legal guardians have a bachelor's degree?  Yes  No

## MILITARY SERVICE

Are you currently serving on active duty in the military?  Yes  No

Have you ever served in the military?  Yes  No

Are you a member of the National Guard or military reserves?  Yes  No

Are you a spouse or dependent of an active member of the military?  Yes  No

Are you a spouse or dependent of a member of the National Guard or military reserves?  Yes  No

Are you eligible for any education benefits through the Department of Veteran Affairs?  Yes  No

## ACADEMIC HISTORY

Name of High School/Adult Education Center/Alternative School: \_\_\_\_\_

City & State: \_\_\_\_\_ Graduation Date: (Anticipated) \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/year GED Recipient: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/year

Have not received high school diploma or equivalent.

## PREVIOUS COLLEGE/UNIVERSITY

Name, City and State of College/University: \_\_\_\_\_ Dates of Attendance: \_\_\_\_ year to \_\_\_\_ year

Name, City and State of College/University: \_\_\_\_\_ Dates of Attendance: \_\_\_\_ year to \_\_\_\_ year

Emergency Contact and Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## Residency Guidelines

Full guidelines are online at [www.delta.edu/residencyguidelines](http://www.delta.edu/residencyguidelines). Applicants who are American Citizens or permanent immigrants must provide proof of in-district residency dated a minimum of three months prior to semester start dates. Verification may be through one of the following legal documents: Michigan ID or Driver's License, Voter Registration Card, Property tax receipt from your permanent home in Bay, Midland, or Saginaw County, Michigan Motor Vehicle Registration, Other legal documents such as court issued guardianship papers, etc.

## Verification (please read and sign below)

Some of this information is requested for federal and state government reporting requirements, and/or needed for transcripts verification. The use of this information will comply with all government regulations prohibiting violation of privacy rights. I certify that I answered all questions on this application truthfully, and that I have read and understand the information. I will take responsibility to understand and comply with Delta College policies and procedures. I also understand that incorrect or incomplete information by me may result in delay, denial, or withdrawal of admission, financial assistance and continued attendance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_