



# Dual Enrollment Application

Students taking classes at multiple Maricopa colleges will be required to complete an application for each college.

<b>Enrollment Campus</b>	CGCC ___ EMCC ___ GCC ___ GWCC ___ MCC ___ PC ___ RIO ___ SCC ___ SMCC ___ PVCC ___
<b>Have you ever applied to any Maricopa Community College?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your 8-digit College ID _____	
<b>TERM OF ENROLLMENT</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 Year _____	
<b>LEGAL NAME</b> (Last, First, Middle) _____	
<b>BIRTHDATE</b> _____ / _____ / _____ MONTH DAY YEAR	
<b>GENDER **</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>SOCIAL* SECURITY NUMBER</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>INFORMATION RELEASE:</b> Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ETHNICITY **</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other	
<b>ADDRESS</b>	<b>APT#</b>
<b>CITY:</b>	
<b>STATE</b>	<b>ZIP CODE</b>
<b>TELEPHONE NUMBER</b>	
<b>HOME</b>	<b>CELL</b>
<b>E-MAIL ADDRESS</b>	
<b>CITIZENSHIP STATUS</b> These questions are asked for the purpose of determining tuition and fees. State law now requires that a person who is not a citizen or legal resident of the United States or who is without lawful immigration status is not entitled to classification as an in-state student pursuant to A.R.S. Section 15-1802 or entitled to classification as a county resident pursuant to A.R.S. Section 15-1802.01. Failure to answer the following questions may result in being classified as out-of-state for tuition and fee purposes. The responsibility of registering under the proper residency classification is placed upon the student. Any student who falsifies his/her residency may be subject to dismissal from the college and/or criminal action. Refer to the college catalog for residency guidelines. <input type="checkbox"/> United States Citizen <input type="checkbox"/> Legal Immigrant/Permanent Resident Date of Issue _____ and Expiration Date _____ and Alien Registration Number _____ <input type="checkbox"/> Lawful Refugee or Asylee Date of Issue _____ and Expiration Date _____ and Alien Registration Number _____ <input type="checkbox"/> Legal Nonimmigrant: ● Specify visa or status _____ and ● Date of Expiration of I-94 _____ and ● Alien Registration Number or I-94 Number _____ <input type="checkbox"/> Do Not Qualify for Any of the Above <input type="checkbox"/> Country of Citizenship _____ <input type="checkbox"/> AZ Department of Motor Vehicle License or ID Number _____ Date of Issue _____ and Date of Expiration _____ <input type="checkbox"/> Do not possess an AZ Department of Motor Vehicle License or ID Number	
<b>STUDENTS ARE REQUIRED TO SUBMIT A COPY OF A DOCUMENT TO PROVE U.S. CITIZENSHIP OR LEGAL RESIDENCY. ACCEPTABLE DOCUMENTS INCLUDE A DRIVERS LICENSE/PERMIT, BIRTH CERTIFICATE, OR PASSPORT.</b> <b>FOR MORE INFORMATION VISIT: <a href="http://WWW.MARICOPA.EDU/PROP300">WWW.MARICOPA.EDU/PROP300</a></b>	
<b>PREVIOUS EDUCATION</b> <b>SAIS NUMBER</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Arizona Department of Education (ADE) Student Accountability Information System (SAIS) number</i> <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> High school HS Name _____ State _____ Expected completion date _____	
<b>FIRST GENERATION COLLEGE STUDENT</b> Are you a first generation college student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(You are a first generation student if both parents or guardians (parent or guardian if only living with one) did not complete a bachelor's degree.)</i>	
<b>LANGUAGE BACKGROUND</b> What was the first language you spoke as a child? _____ What languages were spoken in your home when you were growing up? _____ What language do you speak most often now? _____ Do you wish assistance with English fluency skills? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check one or more if you need help with... <input type="checkbox"/> Financial Aid <input type="checkbox"/> Writing Skills <input type="checkbox"/> Health Problem <input type="checkbox"/> Finding Work <input type="checkbox"/> Math Skills <input type="checkbox"/> Commuter information <input type="checkbox"/> Learning English <input type="checkbox"/> Personal Concerns <input type="checkbox"/> Work Experience Credit <input type="checkbox"/> Reading Skills <input type="checkbox"/> Learning Disability ** <input type="checkbox"/> Daycare information <input type="checkbox"/> Study Skills <input type="checkbox"/> Physical Disability ** <input type="checkbox"/> Mentoring <input type="checkbox"/> Other <input type="checkbox"/> Choosing a Major or Career  ** If you require assistance or accommodation to participate fully as a student, please contact Disability Services and Resources (DSR).	
<b>EMPLOYMENT HOURS</b> planned per week while enrolled ** <input type="checkbox"/> 1-10 <input type="checkbox"/> 16-20 <input type="checkbox"/> 31 or more <input type="checkbox"/> 11-15 <input type="checkbox"/> 21-30 <input type="checkbox"/> None	
<b>MILITARY</b> Are you a dependent of a member of the US Armed Forces stationed in AZ pursuant to military orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>RESIDENCY</b> Final residency decisions for tuition purposes will be made in accordance with A.R.S. 15-1801 and regulations of the Maricopa Community Colleges Governing Board. Will you reside in Arizona at the time of attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No What date did your present stay in Arizona begin? _____ What was your most recent state of residence prior to moving to Arizona? _____ In what Arizona county do you reside? _____ If Maricopa, what date did you move to this county? _____ What Arizona county did you reside in prior to moving to Maricopa county? _____	
<b>EDUCATIONAL PLAN</b> Primary Reason for attending this college: <input type="checkbox"/> Improve my career skills <input type="checkbox"/> Prepare for employment <input type="checkbox"/> Learn new career skills <input type="checkbox"/> Transfer to University/College <input type="checkbox"/> Personal Interest/Self-improvement <input type="checkbox"/> Transfer within MCCCC <input type="checkbox"/> Prepare for a career change  Transfer to University/MCCCC College: _____ Name of Transfer Institution Area of Study	
<b>VEHICLE EMISSIONS</b> <input type="checkbox"/> Car meets emission standards <input type="checkbox"/> Will not park on campus	
<b>ACADEMIC PLAN</b> What academic plan do you intend to earn from this college? Select one. Degree _____ Certificate _____ Area of Interest _____ I certify that the answers on this application are true, correct and complete. _____ Signature of Student Date	
<b>All of the information on this form is confidential and in compliance with the Family Education Rights and Privacy Act of 1974. The Act's provisions are explained in the General Catalog.</b>	



## Dual Enrollment Contacts

Please submit a Dual Enrollment Application to each college from which you plan to take classes.

### **Chandler-Gilbert Community College**

Ruth M. Romano  
Tel: (480) 857-5500  
Fax (480) 732-7259  
Email: ruth.romano@cgcmail.maricopa.edu

### **Estrella Mountain Community College**

Austin Shepard  
Tel: (623) 935-8443  
Fax: (623) 935-8870  
Email: austin.shepard@emcmail.maricopa.edu

### **Glendale Community College**

Herminia Lopez  
Tel: (623) 845-3093  
Fax: (623) 845-3566  
Email: herminia.lopez@gcmail.maricopa.edu  
Website: www.gccaz.edu/dualenrollment

### **GateWay Community College**

Linda Jensen  
Tel: (602) 286-8672  
Fax: (602) 286-8675  
Email: jensen@gatewaycc.edu  
Website: www.gatewaycc.edu/dual

### **Mesa Community College**

Kristie Fok  
Tel: (480) 461-7705  
Fax: (480) 844-3219  
Email: kristie.fok@mcmail.maricopa.edu  
Website: www.mc.maricopa.edu/students/dual

### **Paradise Valley Community College**

Dr. Denise DiGianfilippo  
Tel: (602) 787-6693  
Email: denise.digianfilippo@pvmail.maricopa.edu

### **Phoenix College**

Roberta Jeffers  
Tel: (602) 223-4053  
Fax: (602) 223-4040  
Email: r.jeffers@pcmail.maricopa.edu  
Website: www.pc.maricopa.edu/pcdt/dual

### **Rio Salado College**

EJ Anderson  
Tel: (480) 517-8724  
Fax: (480) 517-8129  
Email: ej.anderson@riosalado.edu  
Website: www.riosalado.edu/dual

### **Scottsdale Community College**

Paul Langworthy  
Tel: (480) 423-6302  
Fax: (480) 423-6066  
Email: paul.langworthy@sccmail.maricopa.edu  
Website: www.scottsdalecc.edu/dualenrollment

### **South Mountain Community College**

Dual Enrollment  
Tel: (602) 243-8303  
Email: dual.enrollment@smcmail.maricopa.edu

#### **From Application:**

\* Your Social Security Number will not be used as your primary student identification number and will be kept confidential. Providing a Social Security Number will ensure that your educational records are complete and correct and will allow the fullest services. Any individuals that wish to gain full access to Maricopa's secure online self-services resources must provide both the Social Security Number and date of birth. Students should be aware that a correct Social Security Number must be on file for reporting information pertaining to potential tax credit, and must be used by applicants for federal and state aid, and Veteran Administration benefits. Failure to provide a correct Social Security Number may preclude the determination of eligibility for in-state residents, resulting in out-of-state tuition.

\*\*Voluntary information used to comply with Federal Reporting and has no effect on admission to the college. This information will not be used for any discriminatory purpose.