

# Middlesex Community College

## Non-Credit Program Supplemental Application



PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact's Phone \_\_\_\_\_

Do you consider yourself to be Hispanic/Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your race? (select one or more) White \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_

American Indian or Alaska Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_

Have you ever taken a credit or non-credit course at one of the CT Community Colleges? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a current MXCC student? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you planning to utilize a payment plan for this program? (for programs over \$1,000) Yes \_\_\_\_\_ No \_\_\_\_\_

Are you receiving third party funding? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the funding source? \_\_\_\_\_

Is English your second language? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you taken an ESL test? Yes \_\_\_\_\_ No \_\_\_\_\_

**An ESL test is recommended prior to enrolling if English is your second language. Call 860-343-5770 to schedule.**

### ***Education***

High School Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ Currently attending \_\_\_\_\_ GED Certification: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College: \_\_\_\_\_

Are you a Nurse Aide whose certification has expired? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, registration # \_\_\_\_\_

*I certify that the information provided above is, to the best of my knowledge, true and correct, and I consent to the disclosure of this and program participation information between Middlesex Community College, Connecticut State Colleges and Universities and state and federal Departments of Labor for the purposes of maintaining accurate student records and to monitor grant performance.*

Signature: \_\_\_\_\_

Program: \_\_\_\_\_

Banner ID: \_\_\_\_\_ Date: \_\_\_\_\_

Completed applications should be submitted along with all required materials to:

Middlesex Community College  
Office of Enrollment Services  
100 Training Hill Road  
Middletown, CT 06457