## Mohawk Valley Community College Application for Admission



Official use only	

No application fee required.

Please print in ink or type all information clearly.

Online application available at www.mvcc.edu/apply

Section 1. Identifying			
Social Security Number			
Current Legal Name:			
(Last name)	(Suffix: Jr/Sr/III)	(First name)	(Middle name)
Preferred first name if different fro	m that listed above:		
Former name: Do you have any edu	ucational records under a different o	or former name? If yes, pleas	se list:
(Former Last name)	(Suffix: Jr/Sr/III)	(First name)	(Middle name)
Section 2. Address In	formation		
Please indicate your permanen			
Street			
City			— <sup>7</sup> in Code
Home phone # ( )			
E-mail address			
Mailing address (if different tha			
	•		
Street or P.O. Box			in Codo
City			
New York State residents onl			
How long have you lived in No	ew York State? (years/months)		
Section 3. Personal In	formation		
All applicants must answer the	following questions:		
Gender: Male or Femal	e Date of Birth: (mo)	/(day)/(yr)	
Are you the first person in your	immediate family to attend c	ollege? Yes or I	No
Are you a U.S. veteran? Yes	or No		
If "Yes," do you plan to seek \	/.A. Education Benefits? Yes	or No	
Have you ever been convicted			
	probation or parole? Yes or		

Please help us to recognize the diversity of our app	olicant population by answering the following questions
Are you Hispanic/Latino? Yes or No If "Yes," what is your Hispanic/Latino origin (select on	ıly one):
Central American Dominican Mexican Puerto Ric	can South American Other Hispanic/Latino
All applicants, please indicate your race (select one or more	
American Indian or Alaskan Native Asian Black or A	ofrican American
Native Hawaiian or other Pacific Islander White	<del></del>
Section 4. Citizenship Information	
Are you currently a United States Citizen? Yes	or No
If "No," fill in the rest of this section:	
How long have you lived in the United States? (years/	:/months)/
How long have you lived in New York State? (years/m	nonths)/
If not a United States Citizen, are you a permanent resident of	the U.S.? Yes or No
If you are a permanent resident, list your Alien Regist	tration Number: A
Native language:	Country of birth:
Country of citizenship:	Current visa type:
Country issuing visa: Visa issue date:	: Visa expiration date:
Section 5. High School Education  Prior to my enrollment at MVCC (check one):	
1. I have graduated or will graduate from an accredited h	high school (mo/yr)/
2. I have completed or will complete a home school or a	a non-registered school diploma (mo/yr)/
3. I have graduated from a high school in a foreign coun	ntry (mo/yr)/
3A. I can provide an English translation of my e	educational records from my home country
3B. I have no educational records from my hom	ne country and will not be able to provide them
4. I have received or will receive a high school equivaler	ncy diploma (GED) (mo/yr)/ (state of issue)
5. I will not have a high school diploma or GED prior to t	the date I want to start at MVCC.
School Name	
Street Address	
City State _	
Type of High School Diploma (choose one):	
1. N.Y. State H.S. Diploma Type: Advanced Regents	Regents Honors Regents Standard
Local	IEP Diploma
	ma, contact the MVCC Admissions Office for further instructions.
2. Out of State Diploma Type: College Prep Lo	

Section 6. College Education	for high school	students and transfers w	ith earned college o	credit)
Have you ever been dismissed from a college for o	other than academ	ic reasons? Yes	or No	
If "Yes," indicate the school name here:				
List the college you most recently attended first, the	en others. (Include	e any MVCC attendance.	)	
College Name(s)	State	Dates Attended	Credits earned	Degree (if any
		to	<del>-</del>	
		to		
		to		
		to		
To evaluate transfer credit, MVCC requires an officia	al transcript from ea	ach college where the cre	dit was originally ea	rned.
Section 7. MVCC Enrollment Indicate entry term and year: (choose one)	Informatio	on		
Fall (August) Sprii	ng (January)	Summer (May	//.lulv)	
	ng (dandary)	culline (way	, odly)	
Entry Year:				
Student type (choose only one from the list):				
(A) First time in college, no college cre	edits completed pr	ior to enrollment		
(B) First time in college with earned co	ollege credits durir	ng high school		
(C) Completed MVCC credits within the	ne past year, but a	fter high school graduation	on	
(R) Completed MVCC credits more that	an a year ago, but	after high school gradua	ation	
(T) No MVCC credits completed after	high school, trans	ferring after attending on	e or more colleges	
Expected course load: Full-time(12 cre	edits or more)	Part-time (less tha	n 12 credits)	
Campus preference (choose one): U	tica Campus _	Rome Campus	Online	
Housing or commuter preference (choose	e one):			
(R) I will commute from home and/or t	take online course	s from home.		
(H) I would like to be considered for or	n-campus residend	ce Hall housing (Limited a	availability on Utica	Campus only).
Please Note: To be considered for On-Campus requirements which are as follows.			ne of the initial acad	lemic eligibility
Minimum cumulative high school average of	of 72 at time of Ad	missions application		
GED minimum score of 2400 or				
Completion of 12 credit hours with a minim	num 1.7 cumulative	e GPA from MVCC or an	other accredited ins	stitution
Prior to attending MVCC, I have complete	ed or will have	completed:		
an LPN license EMT certification				
a certificate in Medical Radiograph an FAA license in Airframe & Powe				
graduation from the Utica Fire Aca				

Major requested:				
(print the title	of the major as it appears in the view	book list, on www.mvcc.e	edu, or from our catalog)	)
For the major you listed above,	do you wish to complete a	(choose one):	degree or	certificate
Intercollegiate athletic interest:				
Men's sports:  Baseball (07)  Basketball (03)  Bowling (11)  Cross Country (0)  Golf (10)  Ice Hockey (06)  Indoor Track (05)  Lacrosse (12)  Soccer (01)  Tennis (09)  Track and Field	(08)		Basketball (23) Bowling (28) Cross Country (25) Golf (29) Indoor Track (26) Lacrosse (40) Soccer (22) Softball (24) Tennis (20) Track and Field (27) Volleyball (21)	
Section 8. Services to	Students with Dis	abilities		
The MVCC Disability Services Office co individuals who are blind, deaf, learning betes, or Chron's disease, and those wi in a timely manner, individuals with disa application process. The goal of the Disparticipate, compete, and succeed at M' Utica Campus, Academic Building, Room Rome Camus, Plumley Complex, Room Or by email at: disabilityoffice@mvcc.ed	disabled, mobility impaired, thos th mental health disabilities. In or bilities are encouraged to contact ability Office is to help ensure that VCC. Please contact them directly 153, (315) 792.5644 (1430, (315) 334.7744	e with health-related in der to receive necessa the Disability Services tt individuals with disab	npairments such as e ary accommodations a s Office as early as po	pilepsy, dia- and services ossible in the
The information that I have provided on tion or misrepresentation of information	may result in either denial of add			rate falsifica-
Please confirm identifying information Social Security Number				
(Last name)	(Suffix: Jr/Sr/III)	(First name)	(Mid	dle name)
Your signature			_	
Date				
Applications are not considered complet (transcripts, etc.) are received by Admis				
Send application and all official high sch	nool and college transcripts and l	nealth records to:		
Admissions Office Mohawk Valley Communi 1101 Sherman Drive Utica, NY 13501	ity College			

If you have questions, please call (315) 792.5354 Mohawk Valley Community College is an Equal Educational Opportunity Institution.

The Personal Privacy Protection Law requires that this notice be posted when collecting personal information from individuals. The information on this application will be used in the processing of your application for admission to the college. Failure to provide the requested information may delay the processing of your application. The authority to request this information is found in Section 355(2)(i) of the Education Law.

MVAPP: 13-14