## New Directions Criteria Check List.

Student Name:\_\_\_\_\_

Student ID: M
<ul> <li>Has the student submitted an Admissions application or re-matric application?</li> </ul>
☐ Yes ☐ No ☐ Yes ☐ No ☐ Initial Date Please initial and Date approved or completed.
• Has the student submitted a copy of their High School diploma or GED (if applicable)?
☐ Yes ☐ No ☐ Yes ☐ No ☐ Initial Date Please initial and Date approved or completed.
Student has filled out the MVCC Intake/Interview Acknowledgement Form.  □ Yes □ No □ Yes □ No □ Initial □ Date  Please initial and Date approved or completed.
• Has the student completed an MVCC Placement Test or ATB test?
☐ Yes ☐ No ☐ Yes ☐ No ☐ Initial Date Please initial and Date approved or completed.
HAS A MANDATORY letter been submitted from Probation or Parole addressing the student felony history? If the student is not on Probation or Parole we need a Certificate of Relief or Disability.
☐ Yes ☐ No ☐ Yes ☐ No ☐ Initial ☐ Date
Please initial and Date approved or completed.
• Has the student submitted a copy of their MMR records to the MVCC Health Center?
□ Yes □ No
Initial Date Please initial and Date approved or completed.
<ul> <li>If student has a <u>Sex Offense or Violent felony</u> they must</li> <li>be placed on <b>HOLD</b> for their case to be reviewed by the VP for Student Affairs or Dir. Of Civic Responsibilities.</li> </ul>
☐ Yes ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Please initial and Date approved or completed.
• Does student have an <u>approval from a New Directions</u> <u>staff person</u> ? If so, student may register for classes through the MVCC Advisement
☐ Yes ☐ No ☐ Yes ☐ No ☐ Initial Date Please initial and Date approved or completed.