

Mohawk Valley Community College Application for Admission

No application fee required.



Please print or type all information clearly.

Official use only

Section 1. Identifying Information

Social Security Number _____ - _____ - _____

Current Legal Name:

(Last name) (Suffix: Jr/Sr/III) (First name) (Middle name)

Preferred first name if different than that listed above: _____

Former name: Do you have any educational records under a different or former name? If yes, please list:

(Former last name) (Suffix: Jr/Sr/III) (First name) (Middle name)

Section 2. Address Information

A. List the home address you use to receive your mail

Street or P.O. Box _____

City _____ State _____ Zip Code _____

Home phone #(_____) _____ - _____ Other phone #(_____) _____ - _____

E-mail address: _____

New York State Residents only, list your New York county of residence: _____

How long have you lived in New York State? (years/months) _____ / _____

B. Parent or Guardian Information (current high school students only)

The person I am listing is my: Parent _____ or Guardian _____

Prefix (Mr./Mrs./Ms) _____

(Last name) (Suffix: Jr/Sr/III) (First name) (Middle name)

If your parent or guardian address is the same as yours check here _____ If not, please list the address below:

Street or P.O. Box _____

City _____ State _____ Zip Code _____

Section 3. Personal Information

All applicants must answer this question:

Have you ever been convicted of a felony? Yes _____ or No _____.

Are you currently on probation or parole? Yes _____ or No _____.

Gender: male _____ or female _____ Date of Birth: (mo) _____ / (day) _____ / (yr) _____

Please help us to recognize the diversity of our applicant population by answering the following questions.

Are you Hispanic/Latino? Yes _____ or No _____

If Hispanic/Latino, what is your Hipanic/Latino origin (select only one):

Central American _____ Dominican _____ Mexican _____ Puerto Rican _____ South American _____ Other Hispanic/Latino _____

All applicants, please indicate your race (select one or more choices):

American Indian or Alaskan Native _____ Asian _____ Black or African American _____

Native Hawaiian or Other Pacific Islander _____ White _____

Section 4. Citizenship Information

Are you currently a United States Citizen? Yes____ or No____

If you are not a United States Citizen, 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/months)____/____

Are you a permanent resident of the U.S.? Yes____ or No____

If you are a permanent resident, list your Alien Registration 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 high school (mo/yr) ____/____

____2. I have completed or will complete a home school or a non-registered school diploma (mo/yr)____/____

____3. I have graduated from a high school in a foreign country (mo/yr)____/____

____3A. I can provide an English translation of my educational records from my home country

____3B. I have no educational records from my home country and will not be able to provide them

____4. I have received or will receive a high school equivalency diploma (GED) (mo/yr)____/____

State that issued the GED:_____

____5. I will not have a high school diploma or GED prior to the date I want to start at MVCC.

Please fill in your school information: CEEB Code (if known)

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School Name _____

Street Address _____

City _____ State _____ Zip Code or Postal Code _____

Country _____

School phone (____) _____ - _____

Current high School students, please complete or have your counselor complete the following information.

Your Rank____ in a class of ____ (Class Size) High school G.P.A. _____

If school policy prohibits class ranking, indicate the size of your graduating class _____

Type of Diploma (choose one):

1. N.Y. State H.S. Diploma Type: Advanced Regents____ Regents Honors____ Regents Standard____

Local____ IEP Diploma____

If you have indicated that you will be receiving an IEP diploma, contact the MVCC Admissions Office for further instructions.

2. Out of State HS Diploma Type: College Prep____ Local____ IEP Diploma____ Correspondence____

High School Counselor Name: _____

Section 6. College Education (for high school students and transfers with earned college credit)

Have you ever been dismissed from a college for other than academic reasons? Yes _____ or No _____

If yes, indicate the school name here: _____

List the college you most recently attended first, then others. Include any MVCC attendance:

College Name(s)	State	Dates Attended	Credits earned	Degree (if any)
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____

To evaluate transfer credit, MVCC requires an official transcript from each college where the credit was originally earned.

Section 7. MVCC Enrollment Information

Airframe & Powerplant Technology applicants - entry term and year:

(check one): August _____ or January _____ or April _____

Entry Year: _____

All other applicants-entry term and year:

(check one): Fall (August) _____ or Spring (January) _____ or Summer (May/July) _____

Entry Year: _____

Student type: (choose only one from the list)

- (A) _____ First time in college, no college credits completed prior to enrollment
- (B) _____ First time in college with earned college credits during high school
- (C) _____ Completed MVCC credits within the past year, but after high school graduation
- (R) _____ Completed MVCC credits more than a year ago, but after high school graduation
- (T) _____ No MVCC credits completed after high school, transferring after attending one or more colleges

Expected course load: Full-time _____ (12 credits or more) or Part-time _____ (less than 12 credits)

Educational goal (choose only one from the list):

- (31) _____ Complete an MVCC degree or certificate, then transfer to another college
- (32) _____ Complete course work and transfer before completing an MVCC degree or certificate
- (33) _____ Complete an MVCC degree or certificate, then seek employment
- (34) _____ Complete course work to upgrade current job skills
- (35) _____ Complete course work for personal development
- (36) _____ Complete 24 credit hours of course work to obtain an Equivalency Diploma (GED)
- (37) _____ Uncertain at this time
- (38) _____ Choose not to respond at this time

Housing or commuter preference (choose one):

- (R) _____ I will commute from home and/or take online courses from home.
- (H) _____ I would like to be considered for On-Campus Residence Hall Housing (available on the Utica Campus only).

Major requested: _____
(print the title of the major as it appears in the viewbook list, on www.mvcc.edu, or from our catalog)

For the major you listed above, do you wish to complete a (choose one): _____ degree or _____ certificate

Campus preference (choose one): _____ Utica Campus _____ Rome Campus or _____ Online

Prior to attending MVCC, I have completed or will have completed:

- _____ an LPN license
- _____ EMT Certification
- _____ a Certificate in Medical Radiography
- _____ an FAA License in Airframe & Powerplant Mechanics
- _____ Graduation from the Utica Fire Academy

Intercollegiate athletic interest (check up to three):

- | | | | |
|----------------------|----------------------------|------------------------|----------------------------|
| Men's sports: | _____ Baseball (07) | Women's sports: | _____ Basketball (23) |
| | _____ Basketball (03) | | _____ Bowling (28) |
| | _____ Bowling (11) | | _____ Cross Country (25) |
| | _____ Cross Country (02) | | _____ Golf (29) |
| | _____ Golf (10) | | _____ Indoor Track (26) |
| | _____ Ice Hockey (06) | | _____ Soccer (22) |
| | _____ Indoor Track (05) | | _____ Softball (24) |
| | _____ Lacrosse (12) | | _____ Tennis (20) |
| | _____ Soccer (01) | | _____ Track and Field (27) |
| | _____ Tennis (09) | | _____ Volleyball (21) |
| | _____ Track and Field (08) | | |

Section 8. Services to Students with Disabilities

Any response to information requests in this section are voluntary and will be kept confidential. Information provided will only be used to assist you with accessing College services. It will not be used in a discriminatory manner and there is no penalty for not responding or responding at a later time.

Please check all items that apply to you: _____ Learning disabled and/or _____ other single or multiple disabilities

For more information on Disability Services, please contact that office at 315.792.5413 (V/TTY).

The information that I have provided on this application is true to the best of my knowledge. I realize that any deliberate falsification or misrepresentation of information may result in either denial of admission or dismissal from the college.

Please confirm identifying information

Social Security Number _____ - _____ - _____

(Last name)

(Suffix: Jr/Sr/III)

(First name)

(Middle name)

Your Signature _____ Date _____

Applications are not considered complete and ready for an acceptance decision until original copies of all supporting documents (transcripts, etc.) are received by Admissions. Upon receipt, all submitted documents become the property of the College.

Send all official high school and college transcripts to:

Admissions Office
Mohawk Valley Community College
1101 Sherman Drive
Utica, NY 13501

If you have questions, please call (315) 792.5354

Mohawk Valley Community College is an Equal Opportunity Educational Institution.

MVAPP: 09-10