

MOHAWK VALLEY COMMUNITY COLLEGE APPLICATION FOR ADMISSION

Official use only

No application fee.

Please print in ink or type all information clearly.

ONLINE APPLICATION AVAILABLE at www.mvcc.edu/apply.



Section 1. Identifying Information

Social Security Number _____ - _____ - _____

NYC students, please include Office of Student Information System (OSIS) Number: _____ - _____ - _____

Current Legal Name:

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

Preferred first name if different from 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)

Date of Birth: (mo) _____/(day) _____/(yr) _____

Section 2. Address Information

Please indicate your permanent home address.

Street _____

City _____ State _____ Zip Code _____

Home phone # (_____) _____ - _____ Cell phone # (_____) _____ - _____

Email address _____

Mailing address (if different than home)

Street or P.O. Box _____

City _____ State _____ Zip Code _____

New York State residents only, list your New York county of residence _____

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

Section 3. Personal Information (Optional)

Gender: Male _____ Female _____ X _____

What is the highest educational level achieved by either of your parents or legal guardian(s)?

High school or less _____ Some college or associate degree _____ Bachelor's degree or higher _____

Please indicate your military status:

Active duty military _____ Dependent of active duty _____ Veteran _____ National Guard or Reserve _____ Choose not to report _____

If applicable, do you plan to seek V.A. Education Benefits? Yes _____ No _____

Would you like to participate in the Educational Opportunity Program (EOP)? Yes _____ No _____

Should you choose to respond, please help us to recognize the diversity of our applicant population by answering the following questions.

Are you Hispanic/Latino? Yes _____ No _____

If "Yes," what is your Hispanic/Latino origin? (select only one):

Central American ___ Cuban ___ 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 ___ Other/choose not to answer ___

Is English the primary language you spoke as a child? (optional) Yes ___ No ___

Section 4. Citizenship Information

Are you currently a United States Citizen? Yes _____ No _____

If "No," fill in the rest of this section:

How long have you lived in the United States? (years/months) ____/____ New York State? (years/months) ____/____

If not a United States Citizen, are you a permanent resident of the U.S.? Yes ___ 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. (TASC/GED) (mo/yr) ____/____ (state of issue) _____

____ 5. I will not have a high school diploma or equivalency prior to the date I want to start at MVCC.

School Name _____

Street Address _____

City _____ State _____ Zip Code or Postal Code _____

Type of High School Diploma (choose one):

1. N.Y. State High School Diploma Type: Advanced Regents _____ Regents Honors _____ Regents Standard _____

Local _____ SACC _____ CDOS _____

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

2. Out of State Diploma Type: College Prep _____ Local _____ IEP Diploma _____ Correspondence _____

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

Have you ever been placed on probation, dropped, suspended, expelled, or otherwise been subjected to discipline by any other institution of higher education for conduct which might reflect upon your character? Yes _____ 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

Indicate entry term and year: (choose one)

_____ Fall (August) _____ Spring (January) _____ 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) Part-time _____ (less than 12 credits)

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

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 (Utica Campus availability only).

Please Note: To be considered for On-Campus Residence Hall housing, you must meet one of the following initial academic eligibility requirements. See www.mvcc.edu/housing for details.

- Minimum cumulative high school average of 65 at time of Admissions application;
- GED minimum score of 2400; or
- Completion of 12 credit hours with a minimum 1.5 cumulative GPA from MVCC or another accredited institution.

Intercollegiate athletic interest:

Men's sports:

_____ Baseball (07) _____ Lacrosse (12)
_____ Basketball (03) _____ Soccer (01)
_____ Bowling (11) _____ Tennis (09)
_____ Cross Country (02) _____ Track and Field (08)
_____ Golf (10)

Women's sports:

_____ Basketball (23) _____ Softball (24)
_____ Bowling (28) _____ Tennis (20)
_____ Cross Country (25) _____ Track and Field (27)
_____ Golf (29) _____ Volleyball (21)
_____ Soccer (22)

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?

Are you interested in Dual Admissions with one of the following transfer institutions? (You may only select one institution.)

- St. John Fisher College (SJFC) SUNY Polytechnic Institute (POLY)
 SUNY Morrisville (MORR) SUNY Upstate Medical (Health Programs only)
 SUNY Oswego (OSWE)

Please note that by indicating interest in Dual Admissions with one of institutions listed, you are granting permission for MVCC to share your contact information with designated staff at the institution listed above. Staff at our partner institutions will be notified once you have officially enrolled at MVCC.

Section 8. Services to Students with Disabilities

The MVCC Office of Accessibility Resources coordinates and provides services to students with disabilities, including but not limited to individuals who are blind, deaf, learning disabled, mobility impaired, those with health-related impairments such as epilepsy, diabetes, or Crohn's disease, and those with mental health disabilities. In order to receive necessary accommodations and services, individuals with disabilities must first contact the Office of Accessibility Resources. Services do not begin until contact is made. The goal of the Office of Accessibility Resources is to help ensure that individuals with disabilities have an equal opportunity to participate, compete, and succeed at MVCC. Please contact them directly at:

Utica Campus, Wilcox Hall room 129-E, Office of Accessibility Resources, 315-792-5644

Rome Campus, Plumley Complex, Room 102G, 315-334-7744

By email: oar@mvcc.edu

If you have been previously convicted of a felony and have questions about enrolling at Mohawk Valley Community College or would like to discuss the application process, please contact our New Directions office at 315-792-5871 or by email to Morris Pearson at mpearson@mvcc.edu.

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 _____ - _____ - _____

The Tax Payer Relief Act of 1997 requires all postsecondary institutions to report student Social Security Numbers (SSN) to the Internal Revenue Service (IRS). This requirement makes it necessary for Mohawk Valley Community College to obtain an SSN from every student. A student may refuse to disclose his or her SSN to the College for this purpose, but the IRS is then authorized to fine the student up to \$50.00.

(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 application and all official high school and college transcripts and health records to:

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

If you have questions or would like to visit campus, please call 315-792-5354.

Mohawk Valley Community College does not discriminate on the basis of race, color, national origin, religion, creed, sex, age, disability, gender identity, sexual orientation, pregnancy, predisposing genetic characteristics, domestic violence victim status, marital status, military status, criminal conviction, or retaliation for opposing unlawful discrimination practices. Mohawk Valley Community College is committed in policy, principle, and practice to maintain an environment which is free of intolerance, illegal, or discriminatory behavior towards any person. This commitment is consistent with federal and state laws and College policy. The procedures in place to assure compliance with this policy are published at www.mvcc.edu/title-ix/policies/anti-harassment-discrimination.php on the College's Title IX webpage.

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.