APPLICATION FOR ADMISSION

WHITE MOUNTAINS COMMUNITY COLLEGE
2020 Riverside Drive, Berlin, NH 03570
(603) 752-1113 OR 1-800-445-4525
wmcc@ccsnh.edu
wmcc.edu

DIRECTIONS AND INFORMATION FOR THE APPLICANT

1. Be sure to read and complete all four pages of this application.

2. Please type or print all responses on the application in ink. A $20 non-refundable application fee must accompany the completed application form. Mail your check or money order, payable to ‘White Mountains Community College’, with completed application to the Admissions Office at WMCC.

3. If you are currently attending high school, deliver this completed, signed application to your high school counselor, who will attach an official copy of your transcript and send both to us. If you are not currently in high school, send the completed, signed application to us directly. Request your former high school send an official copy of your transcript directly to the college.

4. TRANSFER APPLICANTS: Submit the application. Request your prior institutions, including high school, to send an official copy of your transcript directly to the college.

5. Participation in a testing program may be required and a fee charged.

6. VETERANS: Veterans must submit a legible copy of their DD214 with the application and notify the Veterans Administration of their intention to enroll.

NOTICE OF NON-DISCRIMINATION

White Mountains Community College does not discriminate in the administration of its admissions and educational programs, activities or employment practices on the basis of race, color, religion, national origin, age, sex, disability, veteran status, sexual orientation, gender identity or expression, or marital status.

Inquiries regarding discrimination should be made to Donna Briere, WMCC, 2020 Riverside Drive, Berlin, NH 03570; to the Human Resources Administrator, Community College System of New Hampshire; or to the Director, Office of Civil Rights, Department of Education, Boston, MA.
APPLICATION FORM

PERSONAL DATA

Social Security Number ___________ – ___________ – ___________

For compliance purposes, the Community College System of New Hampshire and its Colleges collects names and social security numbers from all students attending the college. For example, the Internal Revenue Code requires the college to produce a 1098-T tax form. The college’s use of social security numbers will be limited to legitimate educational purposes. The college will ensure the security of the student’s social security number and will not disclose it to anyone outside the college, except as authorized by federal or state laws or applicable policies.

NAME: Last_________________________________ First__________________________ Middle ___________________

List other names used on school records __________________________________________________________

MAILING ADDRESS: Street __________________________________________________________

City_________________________________________ State__________ Zip__________

PREVIOUS ADDRESS IF LESS THAN ONE YEAR: Street ______________________________________________

City_________________________________________ State__________ Zip__________

TELEPHONE: Home (_____ ) _______ – _______ Work (_____ ) _______ – _______ Cell (_____ ) _______ – _______

WOULD YOU LIKE TO RECEIVE IMPORTANT TEXT REMINDERS FROM WMCC?  q Yes  q No

EMAIL ADDRESS ____________________________________________________________

DATE OF BIRTH _______/______/______  OPTIONAL: q Male  q Female

Are you a U.S. Citizen?  q Yes  q No  If NO, are you a U.S. permanent resident?  q Yes  q No

Country of Citizenship ____________________________  Current Visa Status__________________________

EMERGENCY CONTACT – Please indicate the person who should be contacted in an emergency.

NAME: Last_________________________________ First__________________________

RELATIONSHIP: q Parent  q Guardian  q Spouse  q Other __________________________________________

Street ____________________________________________________________

City_________________________________________ State__________ Zip__________ Country __________________________

TELEPHONE: Home (_____ ) _______ – _______ Work (_____ ) _______ – _______ Cell (_____ ) _______ – _______

SERVICES

If you would like to receive printed information on services for students with disabilities, please contact the Disabilities Coordinator at 800-445-4525.

Are you eligible for National Guard Educational Assistance Programs?  q Yes  q No

Are you a former/current Running Start student?  q Yes  q No

Are you a former/current JAG student?  q Yes  q No
VETERANS

Are you eligible for Veterans Educational Benefits?  □ Yes  □ No

Are you applying for Survivors’ & Dependents’ of Veterans Educational Assistance?  □ Yes  □ No

PROGRAM / MAJOR INFORMATION

PROGRAM CHOICE: _______________________________  Choose One:  □ Degree  □ Certificate

The following programs are available 100% online. Please circle the program name if you plan to study 100% online.  Accounting - Autism - Business Administration - Criminal Justice - Health and Wellness - Library Technician - Water Quality.

SEMMESTER AND YEAR YOU WISH TO BEGIN YOUR STUDIES:  □ Fall  □ Spring  □ Summer  Year _____________

I AM APPLYING TO:  □ Days  □ Evenings  □ Full-time  □ Part-time

HAVE YOU PREVIOUSLY APPLIED TO WMCC?  □ Yes  □ No  Dates: ______________________________

HAVE YOU PREVIOUSLY ATTENDED WMCC?  □ Yes  □ No  Dates: ______________________________

ACADEMIC AMNESTY

ARE YOU APPLYING FOR ACADEMIC AMNESTY?  □ Yes  □ No

Please see College Catalog or website (Academic Policies) for additional information.

DUAL ADMISSION PROGRAM in conjunction with University System of New Hampshire

1. I request enrollment in the dual admissions program between White Mountains Community College and (you may select more than one)
   □ University of New Hampshire - Durham  □ University of New Hampshire – Manchester  □ Plymouth State University
   □ Granite State College  □ Keene State College
   • By doing so: I authorize White Mountains Community College and any designated schools to release an official copy of
     my transcript and any other relevant student information to each other for the purpose of Dual Admissions
   • I understand this request for Dual Admissions and Release of Information in accordance with the Family Education
     Rights and Privacy Act (FERPA) shall remain in effect at all times when I am an active student at either White
     Mountains Community College or any other University System school unless they are notified otherwise in writing.

2. Have you ever been suspended, placed on probation, or dismissed from any school for any academic or disciplinary
   reasons or incurred other formal disciplinary action?*  □ Yes  □ No

3. Have you ever been judged guilty or convicted of a misdemeanor, felony or other crime?*  □ Yes  □ No
   (Note: You are not required to answer “yes” or provide an explanation if the criminal judgment or conviction has been
   expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept
   confidential)

If you answered “yes” to either or both questions, please attach a separate sheet that gives the approximate date of each
incident, explains the circumstances, and reflects on what you learned from the experience.

*Any changes in these conditions will require you to notify the Office of Admissions within 14 days.

HIGH SCHOOL INFORMATION

High School C.E.E.B. Code ______________________________

School Name _______________________________________  Address ______________________________

City _____________________________________________  State ____________  Zip ______________

High School Graduation Date __________ / ______ / ______  OR  Year G.E.D. Awarded __________________________
COLLEGE(S) PREVIOUSLY ATTENDED

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dates Attended __________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dates Attended __________________________

Degree _________________________________

How did you learn about White Mountains Community College? _____________________________________________

RESIDENCE INFORMATION

NEW HAMPSHIRE RESIDENCY

Month and Year student moved to New Hampshire ______________________

☐ I have always lived in New Hampshire

NEW ENGLAND REGIONAL STUDENT PROGRAM (NERSP) APPLICANTS

The New England Regional Student Program enables a resident of a New England state to enroll in a public college or university in the six state region at reduced rates for certain degree programs if:

- The program is not available in the home state public institutions; and/or
- The out-of-state public institution is nearer to the student’s residence than the in-state institution that offers a similar program.

For New England residents who wish to be considered for NERSP:

I am a resident of __________________________

Town/City State

and request to be considered for NERSP.

I am applying for __________________________

Major

TO BE SIGNED BY ALL APPLICANTS

The information provided by the applicant on this admission application form shall be held confidential to the extent determined by Federal law and college policy. White Mountains Community College reserves the right to deny admission to any applicant who, in the judgment of college officials, does not qualify for admission. The college also reserves the right to require withdrawal of any student who does not satisfy the ideals of citizenship, character or scholarship.

In accordance with the terms and conditions set forth in its publications, and if accepted, I agree to abide by the rules and regulations set forth in the publications and in the Student Handbook. I also agree that the college has permission to use any college-sponsored pictures in which my likeness appears.

I certify that I have read and agree with the above, and that all information provided herein is true and complete.

Signature of Applicant __________________________ Date ________________

Signature Parent/Legal Guardian __________________________ Date ________________

(if student is under 18 years old)

FOR OFFICE USE ONLY

Action __________________________ Date ________________

Residency IS OS NERSP