

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.
- 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 Melissa Laplante, 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 Coll all students attending the college. For example of social security numbers will be limited to lea number and will not disclose it to anyone outs	e, the Internal Revenue Cod gitimate educational purpo	le requires the college to oses. The college will en	produce a 1098-T tax form. The college's use sure the security of the student's social security
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 IMP	ORTANT TEXT REM	INDERS FROM WM	CC? 🛛 Yes 🖵 No
EMAIL ADDRESS			
DATE OF BIRTH///////	Year	OPTIONAL: 🗖 Mal	Female
Are you a U.S. Citizen?	If NO, are yo	u a U.S. permanent re	sident? 🛛 Yes 🗖 No
Country of Citizenship		Current Visa Status_	
EMERGENCY CONTACT – Please	indicate the person who	o should be contacted	in an emergency.
NAME: Last	First		
RELATIONSHIP: Darent D	Guardian 🗖 Spous	e 🛛 Other	
Street			
City	State	ZipCo	intry
TELEPHONE: Home ()	Work ()	_ Cell () –
SERVICES			
If you would like to receive printed inform Coordinator at 800-445-4525.	nation on services for st	tudents with disabilitie	s, please contact the Disabilities
Are you eligible for National Guard Educ	ational Assistance Prog	rams?	D No
Are you a former/current Running Start st	tudent? Yes	D No	
Are you a former/current JAG student?	□ Yes □ No		

VETERANS

Are you eligible for Veterans Educational Benefits?	□ Yes	D No			
Are you applying for Survivors' & Dependents' of Vet	erans Educa	tional Assistance?	□ Yes	🗖 No	

PROGRAM / MAJOR INFORMATION

PROGRAM CHOICE:					Choose Or	ne: 🛛 Degree	Certificate
SEMESTER AND YEAR Y	OU WISH TO	BEGIN YOUR	STUDIES:	🗖 Fall	□ Spring □	Summer Ye	ar
I AM APPLYING TO:	Days	Evenings		🗖 F	Full-time	□ Part-time	
HAVE YOU PREVIOUSLY	APPLIED TO	WMCC?	□ Yes	D No	Dates:		
HAVE YOU PREVIOUSLY	ATTENDED	WMCC?	□ Yes	🗖 No	Dates:		
ACADEMIC AMNESTY							
ARE YOU APPLYING FOR	R ACADEMIC	AMNESTY?	□ Yes	🗖 No			
Please see College Catalog or website (Academic Policies) for additional information.							

DUAL ADMISSION PROGRAM

The New Hampshire Dual Admissions Program, in conjunction with the University System of New Hampshire, allows a student to enroll at White Mountains Community College and be admitted into one of the University System of New Hampshire Institutions at the same time.

The institutions that make up the University System of New Hampshire are:Granite State CollegeKeene State CollegePlymouth State UniversityUniversity of New Hampshire – DurhamUniversity of New Hampshire – Manchester

Students must meet with the WMCC Transfer Counselor to review Dual Admission eligibility requirements and complete a Dual Admission Agreement Form.

By selecting Yes, I am requesting enrollment in the NH Dual Admission Program between White Mountains Community College and the University System of New Hampshire. I understand that acceptance into my chosen USNH institution is contingent upon my meeting eligibility requirements and submitting any required Dual Admission documents.

□ Yes, I am Interested.

□ No, I am Not Interested

HIGH SCHOOL INFORMATION

High School C.E.E.B. Code		_				
School Name			Address			
City		_ Sta	ite	Zip		
High School Graduation Date	// Month Day Year	OR	Year G.E.D. Awarded			

COLLEGE(S) PREVIOUSLY ATTENDED

Name	City	State			
Dates Attended	Degree				
Name	City	State			
Dates Attended	Degree				
How did you learn about White Mountains Commun	ity College?				
RESIDENCE INFORMATION NEW HAMPSHIRE RESIDENCY					
Month and Year student moved to New Hampshire _					
-	Month	Year			
□ I have always lived in New Hampshire					
NEW ENGLAND REGIONAL STUDENT PROC	GRAM (NERSP) APPLICANTS				
The New England Regional Student Program enables a resident of a New England state to	For New England residents wh	o wish to be considered for NERSP:			
enroll in a public college or university in the six state region at reduced rates for certain degree programs if:	I am a resident of Tov	vn/City State			
• The program is not available in the home state	and request to be considered for 1	NERSP.			
public institutions; and/or	I am applying for				
• The out-of-state public institution is nearer to the student's residence than the in-state institution that offers a similar program.		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	Date		
Sig (if	gnature Parent/L student is under	egal Guan r 18 years	rdian old)			Date		
				FOR OFF	ICE USE ONLY			
	Action				Date			
	Residency	IS	OS	NERSP				