



White
Mountains
Community College

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. Please sign the application on Page 4, which includes self-certifying that you are a high school graduate, or received a GED/HiSET credential, or completed home school requirements.
4. **NURSING APPLICANTS and TRANSFER APPLICANTS:** Submit the application. Request your prior institutions send an official copy of your academic transcript directly to WMCC.
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 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/PO Box _____

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? Yes No

EMAIL ADDRESS _____

DATE OF BIRTH _____ / _____ / _____
Month Day Year

OPTIONAL: Male Female

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

Country of Citizenship _____ Current Visa Status _____

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

NAME: Last _____ First _____

RELATIONSHIP: Parent Guardian Spouse 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? Yes No

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

Are you a former/current JAG student? Yes 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

SEMESTER 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

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 College, Keene State College, Plymouth State University, University of New Hampshire – Durham, University 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 _____ State _____ Zip _____

High School Graduation Date ____/____/____ OR Year G.E.D. Awarded _____
Month Day Year

COLLEGE(S) PREVIOUSLY ATTENDED

Name _____ City _____ State _____

Dates Attended _____ Degree _____

Name _____ City _____ State _____

Dates Attended _____ Degree _____

Name _____ City _____ State _____

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 _____
Month Year

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.

My signature below certifies that I have graduated or will graduate from high school or have received the equivalent of a high school diploma (e.g., accredited alternative diploma program, HiSET or GED) by the start date of the semester for which I am applying. I understand that if I provide false information about graduation from high school or equivalent, I may be required to return any Title IV financial aid funds I receive. Falsification of records could also result in disciplinary action from the college, including expulsion.

Transcripts may be used in course placement, and specific academic programs may require submission of high school transcripts, including for proof of successful completion of specific courses; therefore, **students are strongly encouraged to submit transcripts in order to be accurately placed into college courses.**

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