



EARLY COLLEGE FORM
Early College (Fall 20 ___ or Spring 20 ___ or Summer 20 ___)

This form must be submitted at time of registration for each semester to ensure proper tuition waiver is applied.

FOR OFFICE USE ONLY		
Fall/Spring	Credits: _____	
Summer Session I	Credits: _____	
Summer Session II	Credits: _____	Total: _____
CAC GPA: _____		

Student Information

Student Legal Name: _____ Social Security/ID#: _____

Mailing Address: _____ County: _____
Street/P.O. Box Apt. Number City State Zip Code

Phone: _____ Email: _____ Date of Birth: _____ Male: _____ Female: _____

Race/Ethnic Background (requested for statistical purposes).

Are you of Latino/Hispanic ethnicity?

- YES, Please specify: **-OR-** NO, if not of Latino/Hispanic ethnicity, please check all the apply
- | | | | |
|----------------------------------|---|--|---|
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Central American | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> South American | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Chicano | <input type="checkbox"/> Spanish | <input type="checkbox"/> Black/ African American | |

Emergency Contact: Name: _____ Relationship: _____ Phone: (_____) _____

Residency Status

These questions are asked for the purpose of determining tuition and fees. State law now requires that a person who is not a citizen or legal resident of the United States or who is without lawful immigration status is not entitled to classification as an in-state student pursuant to A.R.S. Section 15-1802 or entitled to classification as a county resident pursuant to A.R.S. 15-1802.01. Students must be U.S. Citizens to take part in these programs. Any student who falsified his/her residency may be subject to dismissal from the college and/or criminal action. Refer to the college catalog for residency guidelines.

- United States Citizen Legal Immigrant/Permanent Resident: Date of Issue _____
- Lawful Refugee/Asylee: Date of Issue _____ Country of Origin _____
- Legal Nonimmigrant:
Specify Immigration Classification _____ and Date of Expiration _____ and Alien Registration Number/I-94 Number _____
- Do Not Qualify for any of the Above
- Are you a legal Arizona resident? Yes No If yes, what date did your present stay begin in Arizona (if born in Arizona, state birth year): _____
- If less than a year, what state did you previously reside? _____

Degree/Certificate

Please indicate whether you plan to pursue a degree or certificate

- | | | |
|---|--|---|
| <input type="checkbox"/> Associate of Arts (AA) | <input type="checkbox"/> Associate of Arts—Elementary Education (AAEE) | <input type="checkbox"/> Certificate Program |
| <input type="checkbox"/> Associate of Business (ABUS) | <input type="checkbox"/> Associate of Applied Science (AAS) | <input type="checkbox"/> Not pursuing a degree or certificate |
| <input type="checkbox"/> Associate of Science (AS) | <input type="checkbox"/> Associate of General Studies (AGS) | |

Student Certification

I understand all grades I earn at Central Arizona College will become part of my permanent college academic record. I understand my college grade point average may affect my eligibility for future Central Arizona College scholarships. I understand I am responsible for the purchase of textbooks and my transportation to and from class(es). I agree to maintain a minimum overall 2.5 GPA at CAC. (Note: *Early College Funding is only available for use with 100 level or higher coursework at Central Arizona College.*)

 Print Student Name Student Signature Date

Parent/Guardian Certification

I verify my student is eligible for the Early College Program, is a U.S. Citizen and Pinal County resident, and will complete the high school year checked below by May 20 __. I understand that the student is on a special admission status. My student will be required to follow CAC admission procedures for regular admission to the college.

 Print Parent/Guardian Name Parent/Guardian Signature Date

High School Certification/Student Enrollment Status

Graduation Date/Month _____ Year 20 _____

High School: _____ Grade: Sophomore Junior Senior

I verify the above named student will complete the school year checked by May 20 __, and will be eligible to participate in the Early College Program. The student has been informed that participating in Early College creates a permanent college academic record, grade point average, and may affect eligibility for future Central Arizona College scholarships.

 Print High School Rep. Name, Title Signature Date

Note: *Early College program funding cannot be used for Central Arizona College dual enrollment program tuition & fees. This form must be submitted at time of registration for each semester to ensure proper tuition waiver is applied.*