



**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.*