	GARD		MMUNI	TY COL	LEGE			Opera	itor/Entry		
		Enrollment								Fall 20	
Date		Linoimont								Spring	20
GCCC ID Number			Social Security Nur	mber	_·	-				Summe	er 20
NAME			Birthdate		Birthplace						
	M.I.	MAIDEN / OTHER	CURRENT								
Street or PO Box	City	State Zip		Street or Dorm				Curre	nt Phone		
HOME PHONE	_ CELL PHONE		E-MAIL ADDRESS _								
WORK PHONE	_	□ NO TEXTS PLEASE	EMERGENCY CO	ONTACT PERSON:							
Check Y or N for each of the followi	ng:		Nome			Toloph					
<b>□Y □N</b> High School graduate?	Where?	Year	Name			Telepho	one				
		Year	Course #	Course T	ïtle Re	f. Sec			Day		Instructor
<b>Y N</b> Current High School Student? Where?		Will graduate			#	#	Hrs.	MT	WThF	:	
<b>□Y □N</b> First semester at GCCC since H.S	./GED completion?										
□Y □N Attempted college courses Summ	-							$\vdash$	$\vdash$	+	
College	•										
<b>Y N</b> Attempted college courses ( <b>excludin</b>	- ,										
College							<u> </u>		+++	–	
College	Cr.Hrs./Degree	Year(s)									
Educational Objective Are you a degree-seeking student? ( con	nplete appropriate bo	x below)									
Yes, Degree/Certificate seeking:	No, N	lon-degree seeking:									
Degree seeking:AAASAGSAAS											
Major/Emphasis	Seeking	to upgrade current skills							$\vdash$	—	
GCCC degree & transfer to	Seeking	self-improvement									
4-year college/university	Acquirin	ng technical or occupational skills								1	
GCCC degree and not transfer		g classes to transfer				_			+++		
Certificate		to earn GCCC degree)									
(Name of program)	(not planning	to earli GCCC degree/	AUDIT: In order to	o audit a class, you mus	t write <b>AUDIT</b> cle	early abc	ve the c	ourse	numbe	r	
KANSAS RESIDENTS:		<u> </u>									
I hereby certify that I am a permanent resident of and I have lived in this Kansas county continuously for at I	east six (6) months imm	County, ediately prior to the date indicated on			Total Hours	_	Major _				
this form.											

Student	Signature_

Advisor Signature\_\_\_\_\_