

Check the box in front of the college or skill center to identify where you plan to attend.

& KDQGOHU *LOEHUW (VWUHOOD 0RXQWDLQ *DWHZD\ *OHQGDOH 0HVD 3DUDGLVH
6FRWWVGD0H 6RXWK 0RXQWDLQ (VWUHOOD 0RXQWDLQ 6RXWKZHVW 6NLOO &HQWHU

APPLICANT INFORMATION

Student ID# _____ Term of Enrollment: Fall Spring Summer Year _____

Legal Name _____

First Middle Last

Date of Birth _____ Legal Sex Female Male Other
MM/DD/YYYY Gender Identity Man Woman Trans male/trans man Trans female/trans woman
 Genderqueer/Gender non-conforming Other Identity

SSN# _____
FRQ¿GHQWLDO ,QGLYLGXDOV WKDW ZLVK WR JDLQ IXOO DFFHVVR WR 0DULFRSD1V VHFVUH RQOLQH VHOI VHUYLEFHV UHVRXUFHV PXV SUR
DZDUH WKDW D FRUUHFV 6RFLDO 6HFVULW\ 1XPEHU PXV EH RQ ¿OH IRU UHSRUWLQJ LQIRUPDWLRQ SHUWDLQLQJ WR SRWHQWLDO WDW[FU
\$GPLQLVWUDWLRQ EHQH¿WV

CONTACT INFORMATION

Address _____ Apt# _____

City _____ State _____ Zip _____

Telephone Number Home _____ Cellular _____

%\ FKHFNLQJ W,KLLV BR¿HUPLVVLRQ WR WKH 0DULFRSD &RPPXQLW\ &ROOHJHV WR VHGG 606 WH[W PHVVDJHV DQG DXWRPDWHG
WLQJ WKLQTEUSFO VWXGHQWV DQG HPSOR\HHV DUH HQUROOHG LQ WKH WH[W PHVVDJH \$(57 QRWL¿FDWLRQ V\WHP ,Q RUGHU
RI SHRSOH RQ FDPXV VLWHV YLD WH[W PHVVDJH SOHDVH EH VXUH WR SURYLGH \RXU FXUUHQW FHOO SKRQH QXPEHU

Email Address Home _____ 2WKHU _____

VERIFICATION OF LAWFUL PRESENCE FOR RESIDENCY/TUITION CLASSIFICATION*

* 7KHVH TXHVWLRQV DUH DVNHG IRU WKH SXUSRVH RI GHWHUPLQLQJ WXLWLRQ 3XUVXDQW WR \$ 5 6 ††
8QLWHG 6WDW Lawful Presence Otherwise Documented: Specify document(s)

AZ Department of Motor Vehicle License or AZ Photo ID Number: _____

Does not Apply: I am not requesting in-state tuition (skip this section)

DEMOGRAPHIC INFORMATION

RACE/ETHNICITY *

	Primary Y/N	Percentage	Ethnic Group/Tribe
Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
American Indian/Alaska Native	_____	_____	_____
Asian	_____	_____	_____
Black or African American	_____	_____	_____
1DWLYH +DZDLLDQ RU RWKHU 3DFL¿F ,VODQGDU	_____	_____	_____
White	_____	_____	_____

** 9ROXQWDU\ LQIRUPDWLRQ XVHG WR FRPSO\ ZLWK)HGHUO 5HSRUWLQJ DQG KDV QR HIIHFV RQ DGPLVVLRQ WR WKH FROOHJ

Information Release - FERPA

I authorize the release of my information to the college/skill center for admission purposes.
3ULYDF\ \$FW RI Yes No

PREVIOUS EDUCATION

Previous College FKHFN KLJKHVW OHYHO FRPSOHWHG
Associate Degree Bachelor Degree Master Degree
