



HALIFAX

Community College

LEARNING COMES TO LIFE IN PURSUIT OF EXCELLENCE

Application for Admission

100 College Drive
P.O. Drawer 809, Weldon, NC 27890
Phone (252) 536-4221 ☒ Fax (252) 538-4311
Web Address: www.halifaxcc.edu

PLEASE PRINT

Social Security Number _____ Date of Birth _____
Month Day Year

As shown on social security card:

Last Name _____

First Name _____ Middle/Former _____

Mailing Address _____

City _____ State _____ Zip Code _____ County _____

Home Phone (____) _____ Business Phone (____) _____

For Statistical Purposes Only (Voluntary)

Sex: Male Female
Race: White Black Indian
 Hispanic Asian Other

When Do You Plan To Attend HCC? Check one:

Day Evening Full-Time (12+ hrs) Part-Time (1 - 11 hrs) Fall Spring Summer

Employment Information

1 Retired
2 Unemployed - not seeking employment
3 Unemployed - seeking employment
4 Employed 1 - 10 hours per week
5 Employed 11 - 20 hours per week
6 Employed 21 - 39 hours per week
7 Employed 40 or more hours per week

Long Term Goal

1 To obtain an associate degree, diploma, or certificate
2 To enhance my job skills in my present field of work
3 To enhance my employment skills for a new field of work
4 To take courses to transfer to another college
5 To take courses for personal enrichment or interest

Residency Information

1. Yes No Are you a U.S. citizen?
2. Yes No Are you a resident of North Carolina?
3. Yes No Have you lived in North Carolina for the past 12 months? Since _____
Month Year
If not, why? _____
List dates outside North Carolina:
From: _____ To: _____ State _____

Educational Information

High School last attended _____
Date of graduation _____ or withdrawal _____
Mo/Yr Mo/Yr Name _____ County _____ State _____

Check Highest Degree Completed:

Currently enrolled in high school
 GED Certificate _____
Place _____ State _____
Month Year
 12 High School Diploma
 13 Adult High School
 14 Post High School Vocational (1-year diploma)
 15 Assoc./Assoc. in Applied Science (2-year)
 16 Bachelor's Degree
 17 Masters or higher

Circle Highest Grade Completed: 8 9 10 11 12 over 12

List colleges, universities, etc. that you previously attended.

Name	State	Dates Attended

If any of the following apply to you, please check.

Disadvantaged:

- (E) Receive assistance (AFDC, Food Stamps, etc.)
- (A) High school dropout (with or without GED)

Indicate Special Needs _____

Other information:

- (Y) English as second language
- (H) Homemaker (has not recently worked outside the home)
- (S) Single Parent
- (FG) Are you the first person in your family to attend college?
- (CR) None of the above

Parent Information Please check highest degree completed by parent

Father:

- Never Attended
- Second Grade
- First Grade
- Third Grade
- Fourth Grade
- Fifth Grade
- Sixth Grade
- Seventh Grade
- Eighth Grade
- Ninth Grade
- Tenth Grade
- Eleventh Grade
- Completed High School
- GED Diploma
- Adult High School Diploma
- One Year Vocational Diploma
- Associate Degree
- Bachelor's Degree
- Master's Degree, or Higher

Mother:

- Never Attended
- Second Grade
- First Grade
- Third Grade
- Fourth Grade
- Fifth Grade
- Sixth Grade
- Seventh Grade
- Eighth Grade
- Ninth Grade
- Tenth Grade
- Eleventh Grade
- Completed High School
- GED Diploma
- Adult High School Diploma
- One Year Vocational Diploma
- Associate Degree
- Bachelor's Degree
- Master's Degree or Higher

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself to be: Hispanic/Latino Yes No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Emergency Contact Information

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name _____

Relationship _____

Home Address _____

Telephone _____

Business Address _____

Telephone _____

In case of emergency, permission is granted to seek medical assistance. Yes No

Signature _____

PLEASE COMPLETE REVERSE SIDE

Please Check One Program of Study

ASSOCIATE DEGREE - COLLEGE TRANSFER

- Associate in Arts A10100
- Associate in General Education A10300
- Associate in Science A10400
- Associate in Science A10400 (LPN-RN) A45110T

ASSOCIATE DEGREE - 2 Years

- Associate Degree Nursing RN A45110
- Automotive Systems Technology A60160
- Business Administration A25120
- Cosmetology A55140
- Criminal Justice Technology A55180
- Dental Hygiene A45260
- Early Childhood Associate A55220
- Human Services Technology A45380
- Industrial Systems Technology A50240
- Information Technology A25590
- Medical Office Administration A25310
- Medical Laboratory Technology A45420
- Office Administration A25370

DIPLOMA - 1 Year

- Advertising & Graphic Design D30100
- Automotive Systems Technology D60160
- Business Administration D25120
- Computer Information Technology D25260
- Cosmetology D55140
- Industrial Systems Technology D50240
- Licensed Practical Nurse LPN D45660
- Medical Office Administration D25310
- Office Administration D25370
- Welding D50420

CERTIFICATE - 1 Year or Less

- Advertising & Graphic Design - Graphic Design C30100G
- Automotive Systems Technology - AST Basic C60160B
- Automotive Systems Technology - AST Advanced C60160A
- Basic Law Enforcement Training C55120
- Business Administration C25120
- Lateral Entry C55430
- Phlebotomy C45600
- Welding C50420
- Industrial Systems Technology C50240
- Office Administration C25370

SPECIAL STUDENTS (Not declaring a degree or only online classes at HCC. This includes students who intend to take courses and transfer to another college) T90990

What courses? _____

HIGH SCHOOL STUDENTS

- Early College A10100EC
- Career and College Promise (CCP) **

** CCP applicants are also responsible for completing:

- 1) Eligibility Form
- 2) Registration Application Form

CCP students should see their high school counselor for application details

Make sure the following information is in your file: a) Photocopy of your social security card
b) All official transcripts

Halifax Community College welcomes students and employees without regard to race, color, national origin, religion, sex, age, or disability.

I understand that by changing my major, it may affect my financial aid status.

Signature _____

Date _____

Halifax Community College Career and College Promise Registration Application



Personal Information

Name: _____
(First) (Last) (Middle Initial)

Home Address: _____
(Street Address/PO Box) (City) (State) (Zip)

Home Phone: _____

Birth Date (required): _____

Social Security Number: _____

Student E-mail: _____

Parent E-mail: _____

Male Female

Ethnicity

- Native American or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White
Are you Hispanic or Latino? Yes No

High School Information

Anticipated Graduation Date _____ Current Grade _____

Name of High School: _____

School Phone Number: _____ School Type: Public Private Home

Guidance Counselor Name: _____

YOUR OFFICIAL HIGH SCHOOL TRANSCRIPT MUST BE ATTACHED TO THIS APPLICATION.

Career and College Promise Certificate/Pathway Choice

Curriculum: Year _____ Semester: Fall Spring Summer

Core 44 College Transfer Pathway

- Associate in Arts
Code P1012C Associate in Science
Code P1042C

Career and Technical Education

- | | | |
|---|---|--|
| <input type="checkbox"/> Automotive Systems Technology
Code C60160B | <input type="checkbox"/> Business Administration
Code C25120HS | <input type="checkbox"/> Business Administration
(Accounting Emphasis)
Code C25120HA |
| <input type="checkbox"/> Criminal Justice Technology
Code C55220HS | <input type="checkbox"/> Early Childhood Education
Code C25120HS | <input type="checkbox"/> Human Services Technology
Code C45380HS |
| <input type="checkbox"/> Industrial Systems Technology
Code C50240HS | <input type="checkbox"/> Information Systems Technology
Code C5590HS | <input type="checkbox"/> Medical Office Administration
Code C25310HS |
| <input type="checkbox"/> Therapeutic Diagnostic (Nurse Aid)
Code C4520HS | <input type="checkbox"/> Welding Technology
Code C50420 | |

Halifax Community College Career and College Promise Eligibility Form



1. STUDENT HAS SUBMITTED AN APPLICATION FOR ENROLLMENT INTO A SPECIFIC CCP PATHWAY.

Student Information Name:

(First)

(Last)

(Middle
Initial)

Home Address:

(Street Address/PO Box)

(City)

(State)

(Zip)

High

School:

Fall

Spring

Summer

Year

Semester

CCP Pathway:

(Check One) Birth Date:

I _____ agree to allow Halifax Community College to share grades, attendance and other academic information with my high school personnel.

Student: _____

Parent: _____

2. HIGH SCHOOL PRINCIPAL OR HIGH SCHOOL COUNSELOR VERIFIES THE STUDENT MEETS REQUIREMENTS FOR CAREER AND COLLEGE PROMISE (CCP).

Expected Graduation Date: _____

The student named above:

1. Is or will be a junior or senior,
2. Has at least a 3.0 weighted GPA or Principal/Designee has signed a waiver,
3. Is making appropriate progress toward graduation, and
4. Has been determined to be college ready to participate in the CCP program at HCC.

(High School Principal or High School Counselor)

(Date)

Note to high schools: This form is to be filled out for each student at each enrollment period. A completed copy should be maintained by the high school for reporting purposes.

3. STUDENT CAN NOW REGISTER FOR CLASSES.