

800.654.4877
www.msc.edu



931.393.1823
Fax: 931.393.1826
A Tennessee Board of Regents Institution

DUAL/JOINT ENROLLMENT APPLICATION FOR ADMISSION

Effective April 1, 2015, Motlow College no longer assesses an Application Fee.

Applicants must complete every item on this form in BLUE or BLACK ink, sign, date, and return to:

HS Partnership Programs, Dept. 265 • P.O. Box 8500 • Motlow State Community College • Lynchburg, Tennessee 37352-8500

SOCIAL SECURITY NUMBER (XXX-XX-XXXX): _____ <i>Your dual enrollment grant cannot be verified without this information.</i>		MSCC ID:	
FULL LEGAL NAME:			
Miss _____ Mr. _____ Mrs. _____ Ms. _____		Last _____ First _____ Middle _____ Former _____	
PERMANENT HOME ADDRESS:			
City: _____ State: _____ Zip: _____		PHONE NUMBERS:	
County of Permanent Address: _____		Home: (____) _____ - _____	
E-Mail Address: _____		Cell: (____) _____ - _____	
Marital Status: _____ Single _____ Married _____		Work: (____) _____ - _____	
MAILING ADDRESS:			
City: _____ State: _____ Zip: _____			
<i>Your completion of the following questions is requested for reporting purposes only. This information will not be used to discriminate against any applicant in the admissions decision process.</i>			
DATE OF BIRTH: Month ____ Day ____ Year ____		GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Do you consider yourself to be Hispanic/Latino/Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In addition, select one or more of the following categories to describe yourself:			
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian			
<input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
HAVE YOU LIVED IN TENNESSEE CONTINUOUSLY FOR THE PAST TWELVE (12) MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date moved to TN: _____	
IF NO, WHERE? City: _____ State: _____ Zip: _____			
CHECK ONE: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Foreign Citizen, non-immigrant <input type="checkbox"/> Foreign Citizen, permanent U.S. resident			
If non-U.S. resident, in what country do you hold citizenship? _____ In what country were you born? _____			
What type visa do you hold? _____ What is your native language? <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____			
All male citizens of the United States of America born in 1960 or thereafter must have registered for the draft prior to registering for classes at Motlow College. This requirement does not apply to veterans and others exempt by federal law.			
Indicate whether or not you have registered for the United States draft. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am not yet 18 <input type="checkbox"/> Exempt			
PARENTS/GUARDIAN (person to notify in case of emergency):			
NAME (Last): _____		(First): _____ (Middle): _____	
RELATIONSHIP: _____			
ADDRESS No. and Street: _____		Phone: (____) _____ - _____	
City: _____		State: _____ Zip: _____	
CURRENT HIGH SCHOOL: _____			
EXPECTED GRADUATION MONTH/YEAR: _____			
Home-schooled student, list affiliate school or district with which you are registered: _____			
LIST BELOW ANY COLLEGE OR UNIVERSITY WHERE YOU MAY HAVE TAKEN DUAL ENROLLMENT COURSES.			
*(FAILURE TO DO SO WILL VOID APPLICATION.)			
Name/Location of Institution		Dates Attended (Month/Year)	
_____		_____	
_____		_____	
Semester and year you plan to begin Dual/Joint Enrollment with Motlow State Community College:			
<input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__			
I certify that all of the information on this application form is true to the best of my knowledge and that no information has been intentionally withheld. I also agree to furnish Motlow State Community College with official copies of transcripts, placement test scores and/or ACT scores. My acceptance at Motlow State Community College is based upon receipt of these documents.			
Student Signature: _____		Date: _____	