

Southern State Community College Admission Application Form

Complete the application and return to the Admissions Office at Southern State Community College, 100 Hobart Drive, Hillsboro, OH 45133. A high school transcript or copy of the GED should also be submitted. If you have attended another college or university, please have the Registrar mail an official college transcript to the Records Office. If you are formerly a student at SSCC, complete the Application for Readmission.

PART I

_____-_____-_____
Social Security Number Last Name First Name Middle Initial Other Last Names Used

Street Address City State Zip Code + 4 County

_____/_____/_____(_____)_____(_____)_____
Date of Birth Phone Cell Phone E-mail address

Are you a citizen of the United States? Yes No
If no, are you a permanent resident of the U.S.? Yes No
Have you lived in Ohio for the past 12 months? Yes No
If no, previous state of residence _____ and date moved to Ohio: Month _____ Year: _____

PART II - Optional

Race/Ethnic Background: (Providing this information is strictly voluntary. SSCC will keep all information gathered from this inquiry strictly confidential. Failure to respond to this inquiry will not subject the applicant to any adverse action.)

Are you Hispanic or Latino? Yes No
Race (mark one or more): American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

Sex: (Optional) Male Female

PART III

Campus Preference: Central (Hillsboro) Fayette (Washington CH) North (Wilmington) South (Sardinia)

Date of Anticipated Enrollment: Fall Winter Spring Summer

PART IV

Educational Goals:

To obtain knowledge for personal interest To upgrade skills for current job by taking only selected courses
 To obtain an associate degree for transfer To obtain a certificate
 To train for a new career by taking only selected courses To obtain an associate degree for the job market
 To transfer before completing a degree or certificate Unknown

Academic Program (Major) _____

High School/GED Address Date of Graduation/GED received

College/University Address Dates of Attendance Date of Graduation
(if applicable)

Parents' Highest Level of Schooling - Please check one:

Mother: Elementary (K-8) Some high school (9-12) High school graduate GED Some college Associate's degree (2 yr.)
 Bachelor's degree (4 yr.) Some graduate school Graduate degree (master's or doctorate) Don't know

Father: Elementary (K-8) Some high school (9-12) High school graduate GED Some college Associate's degree (2 yr.)
 Bachelor's degree (4 yr.) Some graduate school Graduate degree (master's or doctorate) Don't know

PART V

In the event of an emergency, notify _____ (_____)_____
(Name and phone number of individual legally authorized to make medical decisions)

I verify that the information given on this application is accurate to the best of my knowledge and recognize that deliberately giving false information can be grounds for dismissal from the College.

Applicant's Signature _____ Date ____/____/____

SSCC does not discriminate against applicants, employees, or students on the basis of race, color, creed, religion, age, sex, marital status, veteran status, national origin, ancestry, citizenship, gender identity, sexual orientation, or disability. Questions about this should be directed to the Title IX Coordinator, 100 Hobart Drive, Hillsboro, OH, 45133; (937) 393-3431. Accommodations for persons with disabilities may be made through the Section 504 Coordinator, 100 Hobart Drive, Hillsboro, OH 45133; (937) 393-3431.