

PASSAIC COUNTY COMMUNITY COLLEGE

APPLICATION FOR ADMISSION - CREDIT COURSES

Fill out this application and bring it to the Admissions Office or any PCCC Campus.
 One College Boulevard, Paterson, NJ 07505-1179 | Phone: (973) 684-6868 • Fax: (973) 684-6778

Mr. Ms. Mrs.	LAST NAME	FIRST NAME	MI	S.S.#
ADDRESS				
CITY, STATE AND ZIP				
COUNTY		OTHER NAME IF APPLICABLE		
HOME PHONE OR CELL PHONE		BUSINESS PHONE	E-MAIL	

Have you lived at this address for the last six months?
 Yes No If not, where did you live before? _____

Have you been a resident of the State of New Jersey for the last 12 months?
 Yes No

Ethnicity
 Both the State and Federal Governments periodically require that we submit information on the characteristics of our students. Your response to this section is voluntary but will help us in implementing our affirmative action policy. PCCC is an equal opportunity institution. This information does not affect admission or placement.

Ethnicity: (Check one)
 Hispanic/Latino
 Non-Hispanic/Latino

Race (Check one or more)
 American Indian / Alaskan Native
 Asian
 Black / African American
 Native Hawaiian / Other Pacific Islander
 White

Sex: M F

Date of Birth: ____/____/____
 Month Day Year

Intended Starting Semester:
 Spring 20_____(Jan-May)
 Summer 20_____(May-Aug)
 Fall 20_____(Sept-Dec)

Location (please check one)
 I plan to begin my studies at:

Main Campus, Paterson
 Wanaque Academic Center
 Passaic Academic Center

PCCC Public Safety Academy, Wayne
 Online classes

Admit Status: (check one)
 New (First time attending any college)
 Visiting from other college
 High School Student

Transfer Student
 College Graduate

Do you plan on transferring to a 4-year college after PCCC? Yes No

Residency Information
 Citizenship:
 Are you a U.S. Citizen? Yes No
 Permanent Resident
 Alien Registration Number: _____

Non-resident alien (Student Visa (F1, M1, J1))
 Other please specify: _____

If you are a non-resident alien, when did you enter the U.S. ____/____/____
 Month Day Year

Country of Birth: _____

Primary Language: _____

Program of Study: Check one box from list of majors. Transfer students must select a specific major (not undecided) in order for a transfer credit evaluation to be done.

**ASSOCIATE IN ARTS DEGREES
ASSOCIATE IN SCIENCE DEGREES**

- Applied Computer Science A.S.
- Business Administration A.S.
 - Accounting A.S.
 - Hospitality Management A.S.
 - Information Technology A.S.
 - International Business A.S.
 - Management/Marketing A.S.
 - Professional Sales A.S.
 - Public Administration A.S.
- Health Science** A.S.
- Human Services A.S.
 - Addictions Option A.S.
 - Gerontology Option A.S.
- Liberal Arts A.S.
 - Biotechnology A.S.
 - Communication A.A.
 - Criminal Justice A.A.
 - Early Childhood Education A.A.
 - Engineering Science A.S.
 - English A.A.
 - Exercise Science A.S.
 - Humanities A.A.
 - Journalism A.A.
 - Mathematics A.S.
 - Musical Studies A.A.
 - Pre-professional Scientific A.S.
 - Psychology A.A.
 - Sciences A.S.
 - Sociology A.A.
 - Teacher Education A.A.
 - Theater A.A.

ASSOCIATE IN APPLIED SCIENCE DEGREES

- Accounting A.A.S.
 - American Sign Language English Interpreter Training Program A.A.S.
 - Criminal Justice A.A.S.
 - Corrections Option A.A.S.
 - Early Childhood Education A.A.S.
 - Electronic Engineering Technology A.A.S.
 - Energy Utility Technology A.A.S.
 - Fire Science Technology A.A.S.
 - Health Information Technology A.A.S.
 - Information Technology A.A.S.
 - Specializations available in Network Administration, Technical Support and Web Technology
 - Nurse Education* A.A.S.
 - LPN Mobility* A.A.S.
 - Radiography* A.A.S.
 - Technical Studies A.A.S.
- SHORTER CAREER PROGRAMS
CREDIT CERTIFICATES (30 CREDITS OR MORE)**
- Corrections A.A.S.
 - Criminal Justice A.A.S.
 - Fire Science A.A.S.
 - General Studies A.A.S.
 - Human Services Specialist A.A.S.
 - Information Technology A.A.S.
 - Network Administration A.A.S.
 - Technical Support A.A.S.
 - Web Technology A.A.S.
 - Legal Administrative Assistant A.A.S.
 - Medical Coding A.A.S.
 - Medical Transcription A.A.S.
 - Word Processing Specialist A.A.S.

CERTIFICATE OF ACHIEVEMENT

These certificates are issued by the Academic Department. If you are interested in applying for one of these, please contact the Department Chairperson.

- American Sign Language and Deaf Studies
- AutoCAD Drafting
- Child Development Associate
- Computerized Accounting
- Cyber Security and Computer Forensics
- E-Commerce
- Emergency Management
- Fitness Specialist
- Graphic Design and Digital Media
- Infant and Toddler
- Microcomputer Software Specialist
- Network Administration
- PC Basic Skills
- Sales Associate
- Web Technology

SPECIAL TRAINING PROGRAMS (NON-CREDIT)

- Culinary Arts

UNDECIDED ON MAJOR

- Matriculated:* I am undecided at this time, but I intend to pursue a degree.
- Non-Matriculated:* I am not interested in choosing a major or seeking a degree at this time. (Students in this category are not eligible for Financial Aid.)

* see note on Program of Study Page
** see note on Program of Study Page

Educational Information

Name of High School: _____

Address of High School: _____

High School graduation date: _____

If not a HS graduate, where and when did you earn your GED: _____

Universities/Colleges Attended

List all universities/colleges you have attended since high school. Official university/college transcripts and a declared academic program are required if you seek transfer credits or if you are applying to any health-related program.

Name of University/College	City/State	Dates Attended	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____

Please check here if you would like a transfer credit evaluation.

Student Information

Are you a veteran? Yes No

Are you interested in EOF? Yes No (For more information see outside folder or contact the Admissions Office)

Are you interested in intercollegiate athletics? Yes No

All applicants must sign here

I certify that the information on this application is correct and true to the best of my knowledge. I understand that the submission of false information may result in dismissal from the College. In addition, I understand that upon my enrollment, I will abide by the policies and regulations of the College.

Signature of applicant: _____ Date: _____

Signature of parent: _____ Date: _____
(if applicant is under 18 years of age)

FOR OFFICE USE ONLY

Reviewed by: _____ Date _____

Initials

Residency Code: _____ Source Code: _____

No person acting within the scope of his or her authority and responsibility at Passaic County Community College shall discriminate on the basis of color, age, race, creed, sex, sexual orientation, national origin, ancestry, disability, marital or veteran's status.