# 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

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Ms.</th>
<th>Mrs.</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MI</th>
<th>S.S.#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY, STATE AND ZIP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>OTHER NAME IF APPLICABLE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HOME PHONE OR CELL PHONE</th>
<th>BUSINESS PHONE</th>
<th>E-MAIL</th>
</tr>
</thead>
</table>

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

### Location (please check one)
I plan to begin my studies at:  
☐ Main Campus, Paterson  ☐ PCCC Public Safety Academy, Wayne  
☐ Wanaque Academic Center  ☐ Online classes  
☐ Passaic Academic Center

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

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

### Sex:  
☐ M  ☐ F

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

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

### 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

1. Applied Computer Science  A.S.
2. Business Administration  A.S.
3. Accounting  A.S.
4. Hospitality Management  A.S.
5. Information Technology  A.S.
6. International Business  A.S.
7. Management/Marketing  A.S.
8. Professional Sales  A.S.
9. Public Administration  A.S.
10. Health Science**  A.S.
11. Human Services  A.S.
12. Liberal Arts
   - 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.A.
   - Sociology  A.A.
   - Teacher Education  A.A.
   - Theater  A.A.

ASSOCIATE IN APPLIED SCIENCE DEGREES

1. Accounting  A.A.S.
2. American Sign Language English Interpreter Training Program  A.A.S.
3. Criminal Justice  A.A.S.
4. Corrections Option  A.A.S.
5. Early Childhood Education  A.A.S.
6. Electronic Engineering Technology  A.A.S.
7. Energy Utility Technology  A.A.S.
8. Fire Science Technology  A.A.S.
9. Health Information Technology  A.A.S.
10. Information Technology  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
- Liberal 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.)

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.

<table>
<thead>
<tr>
<th>Name of University/College</th>
<th>City/State</th>
<th>Dates Attended</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of University/College</th>
<th>City/State</th>
<th>Dates Attended</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ 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.