



3710 Paris Road
Chalmette, LA 70043
(504) 278-6200

Nunez Community College

Application for Admissions

Term of Application: Fall Spring Summer 20____

Last Name: _____ First Name: _____ Middle Name: _____

Other names you might have used: _____ Gender: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____
Street or P.O. Box City State Zip Code

Is this your permanent address? Yes No How long have you lived continuously in LA? Years ____ Months ____

Home Phone: _____ Cell Phone: _____ E-mail Address: _____
Area code & phone number Area code & phone number

Whom to notify in case of emergency: _____
Last name, First Name Area code & phone number

ETHNICITY/RACE: This information is voluntary and the information will be used for federal and/or state law reporting purposes in a nondiscriminatory manner consistent with civil rights laws.

Ethnicity: Hispanic | Non-Hispanic

Race:

- White | Black or African American | Native Hawaiian or Other Pacific Islander
 Asian | American Indian or Alaska Native | Two or more races
 Race and ethnicity unknown | Nonresident Alien

Are you registered for Selective Service? Yes No No, because I'm female **Sel. Ser. Reg #** _____

I am a veteran not a veteran

<p>Are you a U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of citizenship? _____ Expiration Date _____ Alien Registration Number _____ Type of VISA? <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> Other (Specify) _____ Are you a refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Are you employed? Yes No If yes, Are you employed: Full time Part Time

ENTRANCE CLASSIFICATION:

- Will you be a First time college student, not having attended any other college or university?
 Readmit college student, having attended Nunez Community College?
 Transfer college student, having attended another college or university?

EDUCATION PLAN:

Do you plan to work toward a degree or certificate at Nunez?

If Yes, please check the major(s) you will be pursuing:

<input type="checkbox"/> Business (Certificate)	<input type="checkbox"/> Food Service Production & Management (Associate)	<input type="checkbox"/> Louisiana Transfer Degree (Associate)
<input type="checkbox"/> Business Technology (Associate)	<input type="checkbox"/> General Studies	<input type="checkbox"/> Humanities Concentration
<input type="checkbox"/> Business Administration Track	<input type="checkbox"/> Associate	<input type="checkbox"/> Social Sciences Concentration
<input type="checkbox"/> Hotel, Restaurant & Tourism Track	<input type="checkbox"/> Certificate	<input type="checkbox"/> Fine Arts Concentration
<input type="checkbox"/> Medical Office Management Track	<input type="checkbox"/> Heating, Ventilation & Air Conditioning (Certificate)	<input type="checkbox"/> Business Concentration
<input type="checkbox"/> Accounting Track	<input type="checkbox"/> Industrial Technology (Associate)	<input type="checkbox"/> Biological Sciences Concentration
<input type="checkbox"/> Care & Development of Young Children	<input type="checkbox"/> General Track	<input type="checkbox"/> Physical Sciences Concentration
<input type="checkbox"/> Associate	<input type="checkbox"/> PTEC Track	<input type="checkbox"/> Medical Coding & Billing (Certificate)
<input type="checkbox"/> Certificate	<input type="checkbox"/> Industrial Technology (TCA)	<input type="checkbox"/> Emergency Medical Technician (TCA)
<input type="checkbox"/> Technical Competency Area (TCA)	<input type="checkbox"/> Paralegal Studies	<input type="checkbox"/> Paramedic (Certificate)*
<input type="checkbox"/> Culinary Arts (Certificate)	<input type="checkbox"/> Associate	<input type="checkbox"/> Nursing Assistant (TCA)*
<input type="checkbox"/> Construction Technology (Certificate)	<input type="checkbox"/> Certificate	<input type="checkbox"/> Practical Nursing (Pre-requisites)*
	<input type="checkbox"/> Teaching Grades 1-5 (Associates)	<input type="checkbox"/> Undecided

*These programs have limited enrollment. Specific permission to enroll is required.

If No, what are your plans?

- I am a Not seeking a Degree or Certificate
- I am a High School/Dual Enrolled Student
- I am a Visiting Student for One Semester

I am taking Nunez courses for transfer to the degree program
 at _____
 (name of college or university)

 I am taking pre-requisites for an RN or other Allied Health Program
 I am a Cross-Enrolled Student from _____
 (name of college or university)

HIGH SCHOOL INFORMATION: (Please check the appropriate option and complete the required information.)

graduated from high school. List school attended, location and graduation year.

_____ High School _____ City _____ State _____ Year Graduated

I received a Certificate of Completion. List school attended, location and completion year.

_____ High School _____ City _____ State _____ Year Graduated

I received a GED. Date Completed: _____

I am still attending high school. I will graduate in _____ Do you have permission to enroll? Yes No

I am not a high school graduate. I completed the _____ grade.

Have you taken the ACT? Yes No If yes, when? _____

What is the highest level of education completed by either of your parents?

- Less than high school High School graduate Some College College Graduate

COLLEGE EDUCATIONAL INFORMATION: List below *all* colleges you have attended even if you did not earn credit. Include Nunez Community College, St. Bernard Parish Community College and Elaine P. Nunez Technical Institute.

Any student who does not list each previous institution attended is subject to dismissal without a refund. You must request official transcripts from all institutions attended.

Name of Institution	City, State, Country	Dates Attended	Credits Earned	Degree or Certificate Earned

Are you on suspension from any of the above institutions? Yes No

I do hereby authorize Louisiana public postsecondary education access to my academic record.

I certify that all information within this application is correct. I realize that false or incomplete information may result in dismissal from the college. I understand that admission to the College does not constitute admission to every program offered by the College. I understand that different programs carry different admissions criteria.

I also certify that, in accordance with the requirements of the military Selective Service Act and the requirements of state law R.S. 17:1351, I have registered with the Selective Service. (Registration with the Selective Service must be completed before your Application for Admission can be completed.)

_____ Signature of Applicant _____ Date

YOU MUST INCLUDE A COPY OF YOUR DRIVER'S LICENSE, STATE ID OR OTHER FORM OF IDENTIFICATION WITH YOUR COMPLETED APPLICATION.

***All applicants will be assessed a non-refundable \$20 application fee.