

STARK STATE COLLEGE OF TECHNOLOGY APPLICATION FOR ADMISSION FORM

6200 Frank Ave NW * North Canton, Ohio 44720

STUDENT: The information requested on this form will be kept in your master file record in the Registrar's Office. Please, in **blue or black ink**, CLEARLY print the information or check the appropriate answers in ALL applicable spaces provided. See the reverse side for additional admission information and requirements. **BE SURE TO SIGN THIS APPLICATION.**
Stark State College is an equal opportunity institution and does not discriminate on the basis of race, color, religion, ancestry, national origin, gender, age, disability or veteran's status.

INDICATE WHICH SEMESTER YOU INTEND TO ENROLL:

(2) Fall _____ (4) Spring _____ (1) Summer _____
(Year) (Year) (Year)

NAME (Last) (First) (Middle Initial) (Other Names in Which Records May Be Issued)

ADDRESS (Number & Street) (Apt. No.) (City) (State) (Zip) (County)

Have you lived in the state of Ohio for the past 12 months?(Circle one) Yes No

If not, please indicate which state you lived in prior to Ohio. _____

TELEPHONE

Home _____ Cell _____ Work _____

GENDER **DATE OF BIRTH** (mm/dd/yyyy) **SOCIAL SECURITY NUMBER**

- Male
 Female

ARE YOU A UNITED STATES CITIZEN:

- Yes
 No

If not a US citizen, check the appropriate number and complete the following:

- (1) Permanent Resident Alien registration number _____ Date Issued _____
(2) Resident Alien Alien registration number _____ Date Issued _____
(3) Non-immigrant VISA type (e.g. F-1, J-1, etc.) _____ Date Issued _____ Exp Date _____
(4) Refuge File number _____ Date Issued _____ Exp Date _____

MUST HAVE A COPY OF ANY OF THESE AS IT IS REQUIRED AS PART OF THE ADMISSIONS CRITERIA

RACE: Check One (optional – this information will not be used as a factor in the admission process)

- (1) Black or African American (2) American Indian or Alaskan Native
(3) Asian (4) Hispanics of any race
(5) White (6) Race and Ethnicity Unknown
(7) Nonresident Alien (8) Two or more races
(9) Native Hawaiian or Other Pacific Islander

STUDENT TYPE (Please check one):

- (N) First Time College Student (H) Current High School Student
(T) Transfer Student (X) Transient Student
(R) Returning/Readmit Student (I) International Student

HIGH SCHOOL ATTENDED:

Name of School _____ Year Graduated _____

City _____ State _____ If not a high school graduate, have you obtained a GED?
Please circle if applicable Yes or No

PREVIOUS COLLEGE(S) AND/OR TECHNICAL SCHOOL ATTENDED:

(Name/Branch) (City/State) (Dates Attended)

MAJOR FIELD OF STUDY (Program): Enter four-digit code

See reverse side to select the major code _____

STATE STATUTE REQUIRES THAT ALL OHIO RESIDENT MALE STUDENTS COMPLETE THE FOLLOWING. FAILURE TO DO SO WILL RESULT IN THE STUDENT BEING CHARGED OUT-OF-STATE TUITION RATE.

Selective Service (To be completed by all males ages 18-26):

Selective Service Number: _____

To register on-line or for on-line verification of registration go to: www.sss.gov

CHECK ONE FOR HIGHEST PREVIOUS EDUCATION LEVEL:

- (1) Current High School Student
- (2) Non-High School Graduate
- (3) High School Graduate
- (4) Tech Prep Program Completed
- (5) GED Completed
- (6) 1 Year or Less of College
- (7) 2 Years or More of College
- (8) 4 Years or More of College

Please answer:

Are you a first generation college student? Please circle Yes or No

CHECK ONE FOR REASON ATTENDING THIS INSTITUTION:

- (1) To obtain knowledge for personal interest
- (2) To upgrade skills for current job
- (3) To train for a new career
- (4) To transfer before completing
- (5) To obtain a certificate
- (6) To obtain an Associate degree for transfer
- (7) To obtain an Associate degree for job
- (10) Unknown

Please check

- I VERIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Student _____ **Date** _____

Preferred

Email Address _____

For office use only

Student ID # _____

Session Applied _____

Initials _____

Date Processed _____