APPLICATION FOR ADMISSION

Luna Community College

LCC ID#: _____

Term of Enrollment: ☐Fall ☐Spring ☐Summer Year_____

Campus: ☐Main Campus ☐Mora Site ☐Springer Satellite ☐Santa Rosa Satellite ☐Online ☐Off Site

Personal Information

Under the federal 1997 Tax Relief Act, LCC is required to obtain the Social Security number of each student to report educational credits to the U.S. Internal Revenue Service (IRS) and to the student at the end of each tax year. Refusal to provide a valid SSN may result in a fine levied on the student by the IRS.

Social Security Number: _____/_____/_____ Date of Birth: ____ /___ /_____ Gender: ☐Female ☐Male

Full Legal Name: _____ _____ _____
First Name   Last Name   M.I.

Other name: _____ Marital status: ☐Married ☐Single ☐Separated ☐Widowed ☐Divorced

Mailing Address: _____
Street Address/PO Box   City   State   Zip Code

Permanent Address: _____
Street Address/PO Box   City   State   Zip Code

Cell Phone: (___) ____-_____ Home Phone: (___) ____-_____ E-mail: _____

Ethnicity
In compliance with US Department of Education of Education for Title IV federal requirements, please indicate your ethnic origin.
☐ Hispanic   ☐ Non Hispanic or Latino

Race
Please select one or all that apply:
☐ American Indian or Alaska Native   ☐ Hawaiian or Pacific Islander   ☐ Two or more Races
☐ Asian   ☐ Nonresident Alien   ☐ Race and Ethnicity Unknown
☐ Black or African American   ☐ White

Have you ever been convicted of, pled guilty to, or charged with a felony offense in any court? ☐ Yes ☐ No

How did you learn about LCC? _____

State of Legal Residency: _____ Years_____ Months_____ County of Legal Residency: _____

How long have you lived in LCC's participating school district? _____

Residency Information

U.S. Citizen: ☐Yes ☐No If no check one and provide documentation: ☐Permanent Resident   ☐Undocumented

Visa Type: _____ Expiration Date: _____ /_____ /_____ Alien Registration No.: _____

Veteran Information

Are you a veteran?   ☐Yes   ☐No   Military Branch: _____

Are you a veteran dependent?   ☐ Yes   ☐ No

Education Information

High School or GED/HiSET: _____ State: _____ Graduation Date: ____ /____ /____

Dual Credit Enrollment: ☐Yes ☐No   Anticipated Graduation Date: ____ /____ /____

High School ID No./STARS No: _____

Have either of your parents earned a college degree? ☐ Yes ☐ No

Have you previously attended Luna Community College: ☐ Yes ☐ No   Last Date of Attendance: ____ /____ /____

If you have attended or are attending another college or university, you must provide the following information and submit a transcript for each college/university listed below.

College/University Name & Location	From	To	Certificate/Degree Earned

LCC Programs of Study
Associate Degree & Certificate Programs

Select a major from the list below (Please check only one):

Allied Health
ASSOCIATE OF APPLIED SCIENCE
☐ Allied Health
CERTIFICATE
☐ Allied Health
☐ Emergency Medical Technician - Basic
☐ Dental Assistant
Note: you can not declare this major until you have applied and received acceptance from the Dental Program.

School of Business
ASSOCIATE OF ARTS
☐ General Business
ASSOCIATE OF APPLIED SCIENCE
☐ Accounting
☐ Business Administration
CERTIFICATE
☐ Business Management

Education
ASSOCIATE OF ARTS
☐ Early Childhood Multicultural Education / Teacher (Birth-Grade 3) Concentration
☐ Teacher Education
CERTIFICATE
☐ Early Childhood Development

Humanities
ASSOCIATE OF ARTS
☐ Liberal Arts
☐ Criminal Justice
ASSOCIATE OF APPLIED SCIENCE
☐ Media Art and Film Technology
CERTIFICATE
☐ Criminal Justice
☐ General Education

Nursing
ASSOCIATE OF APPLIED SCIENCE
☐ Nursing
Note: you can not declare this major until you have applied and received acceptance from the Nursing Program. First year students should select the Allied Health Certificate as their major.

Science, Technology, Engineering & Math
ASSOCIATE OF SCIENCE
☐ General Science
☐ Pre Engineering
☐ Mathematics
ASSOCIATE OF APPLIED SCIENCE
☐ Computer Science
☐ Electronics Engineering Technology
☐ Fire Science
CERTIFICATE
☐ Computer Application Specialist

Vocational Education
ASSOCIATE OF APPLIED SCIENCE
☐ Vocational/Technical Studies
CERTIFICATE
☐ Automotive Collision Repair Technology
☐ Automotive Technology
☐ Barbering
☐ Building Technology
☐ Cosmetology
☐ Culinary Arts
☐ Welding Technology

Other
☐ Undecided
☐ Non-Degree

If more than one major is selected you will automatically be classified as Non-Degree student and a hold will be placed after the first semester.

Signature
I hereby certify that to the best of my knowledge the foregoing information is true and complete without evasion or misrepresentation. I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of Luna Community College. Including but not limited to those rules, regulations and standards stated in the Undergraduate Catalog and Student Handbook. I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration my be canceled.

_____   _____
Applicant's Signature   **Date**

Office Use Only: _____ _____ _____ _____
                        Received by: Date: Entered by: Date: