

NEW STUDENT CHECK OFF LIST FOR REGISTRATION

- Complete the **Application** for admission. The application form must be signed by the student and a parent unless you are 18 yr old.
- Pay a one time **Application Fee** of \$10.00. (non-refundable)
- Complete the **Hepatitis B Form**. One box must be checked. If you have completed the series of vaccines a date must be entered. This form must also be signed by a parent if you are not 18.
- Include your high school **Transcripts and ACT, SAT, or Plan Scores** with your application. Scores must meet the minimum requirements of a 19 sub-score in the subject area with a 3.0 GPA.
- Fill out the **Registration Form** completely with your name, social security number, address, phone numbers, and email address. Indicate what high school, private, or home school that you attend. Write down the class or classes you want to take with all the required numbers, class names, and where you are taking the class. Indicate at the top of the page that you are a new student.
- ID's and Parking Permits** are required if you are taking classes on any of the Cleveland State campus's. Parking permits can be picked up at the front desk of the administration building on the main campus or the Athens/Vonore sites. A new parking permit is required at the beginning of each school year (August).
- Lottery Deadlines**: September 1st fall, February 1st spring, and May 1st summer. You cannot register late because these sites are closed for registering after the deadlines. **NO EXCEPTIONS!** The lottery pays \$300 per semester and pays a total of \$600 per year. It pays to one college only per semester. You must apply every semester to be eligible for the lottery.
- Lottery Registration**: <https://egrands.guarantorsolutions.com/scholarshipapps/> or www.collegepaystn.com. For problems with registering for the lottery contact Jana McCall at jana.mccall@tn.gov.
- Choose, Sign and Date the Confirmation Sheet**: The confirmation sheet gives you three choices: (1) you have completed the lottery registration (2) you do not want the lottery (3) or you have used your lottery at another college. Choose one then sign and date this form. **You will not be credited the \$300 if this is not completed.**
- Read and sign the **Authorization Form** to give parents access to information from your records.
- All **Fees** (including lab fees) must be paid by the due date listed on your CourgarNet account. If the balance for your classes is not paid by the due date you will be dropped from your class or classes.
- Foundation Scholarships** (scholarship based on need): For qualifications, forms or deadlines go to: https://www.clevelandstatecc.edu/departments/alumni_foundation/foundation/index.asp.

Cleveland State Community College

P.O.Box 3570 • Cleveland, TN 37320-3570 • (423) 472-7141 • Fax (423) 478-6255 • (800) 604-2722

Application for Dual Enrollment Admission

FOR OFFICE USE ONLY:

\$10 Application fee paid

Yes No

Date Paid: _____

Receipt No.: _____

Cashier's Initials: _____

New Student

Semester you plan to enroll (Check one): Fall Spring Summer 20_____

*Social Security Number _____ Date of Birth _____
Social Security number is secured

Last Name First Name Middle Name Jr., III, etc.

Permanent Address _____
Street City State Zip

E-mail Address _____ Home Phone _____

County _____ Cell Phone _____

We request your completion of the following **for reporting purposes only**. This information will not be used to discriminate against any applicant in the admission decision: **Gender:** Male Female

Do you consider yourself to be Hispanic/Latino/Spanish origin? Yes No

Select one or more of the following racial categories to describe yourself: White Black or African American

Asian American Indian Alaskan Native Native Hawaiian or Other Pacific Islander

U.S. Citizen: Yes No If no, country of citizenship _____

Visa (type) _____ Expiration Date _____

Is English your native language? Yes No

Have you taken the ACT, PLAN or SAT within the past three years? Yes No

If Yes, check one: ACT PLAN SAT Testing Date: _____

Selective Service Information (Males 18 to 26 Years of Age ONLY)

*All male citizens of the U.S. or Resident Aliens between the ages of 18 and 26 must be registered with the Selective Service prior to registering for classes.

Indicate whether or not you have registered with Selective Service. Yes No Exempt

Secondary Education Information

What High School, Private or Home School do you attend? _____

Date you will Graduate (month/year) _____

Program Information

I do not plan to seek a degree at this time. I will be enrolling as Dual Enrollment (please mark one):

General Education

Business Technology

In case of emergency contact

Name _____ Relationship _____

Address _____
Street City State Zip

Telephone (work) _____ (home) _____ (cell) _____

Parent or Guardian completes - If student is not 18 yrs old

I understand the conditions under which the student is enrolling at Cleveland State Community College and grant permission for such enrollment.

Parent/Guardian's Signature/Date:

Name _____ Relationship _____

IMPORTANT - All Applicants must read and sign

I understand that withholding information in this application or giving false information may make me ineligible for admission to, or continuation in, Cleveland State Community College. With this in mind, I certify that all the statements on this application are correct and complete. Further, if I am admitted to Cleveland Sate Community College, I agree to abide by the rules and regulations of the College.

If you are accepted as a student at this institution, there are certain performance tests you may be required to take during your academic career. It is a requirement of admission that you agree to take any tests deemed necessary by this institution. The purpose of this requirement is to comply with the legislature's expressed intent that institutions regularly evaluate and improve instruction at all levels. Your scores on any of these tests and course placement may be reported to your high school for research purposes. All test scores will be treated confidentially as required by law.

By signing this application, I understand that Cleveland State Community College may publish for publicity purposes any photographs containing my image which are taken to promote the college on or off campus.

First time applicants please submit a \$10.00 application fee. Please make check payable to Cleveland State Community College, P. O. Box 3570, Cleveland, TN 37320-3570.

Signature _____ Date: _____

* In accordance with the Privacy Act of 1974, applicants for admission and enrolled students are advised that the requested disclosure of their **Social Security numbers** to the Office of Admissions is voluntary. Students who do not provide the college with their **Social Security numbers** will be assigned special nine-digit numbers. This number or the **Social Security number** will be used: (a) to identify such student records as applications for admission, registration and course enrollment documents, transcripts, certification requests and permanent academic records and (b) to determine eligibility, certify school attendance and report student status. Students are notified, however, that only the **Social Security number** may be used as an identifier for grants, loans and other financial aid programs according to federal regulations. The Student's **Social Security number** will not be disclosed to individuals or agencies outside Cleveland State Community College except in accordance with the institutional policy on student records.

Cleveland State Community College is an Affirmative Action/Equal opportunity (AA/EEO) institution. The college is committed to making the campus accessible to the disabled. Students with disabilities who may require accommodations or assistance are encouraged to contact the Student Development and Testing Office at (423) 478-6217. Cleveland State is on of 45 institutions in the Tennessee Board of Regents (TBR) system, the seventh largest system of higher education in the nation. The Tennessee Board of Regents is the governing board for this system which is comprised of six universities, 13 two-year colleges and 26 Tennessee Technology Centers. The TBR system enrolls more than 80 percent of all Tennessee students attending public institutions of higher education.

Cleveland State Community College

Hepatitis B Immunization Health History

(For new applicants only)

Name: _____

DOB: _____ SS #: _____ Phone: _____

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B infection to all students matriculating for the first time. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes the risk factors and dangers of the disease as well as information on the availability and effectiveness of the vaccine for persons who are at-risk for the disease. The information concerning the disease is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and or/reimbursement for the vaccine.

TO BE COMPLETED BY ALL STUDENTS (One box must be checked and a complete date or it will be considered incomplete)

Hepatitis B (HBV)

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

- I hereby certify that I have read this information and I have received the complete three dose series of the Hepatitis B vaccine. **Completion Date** of the vaccine series: _____/_____/_____ (If you are unsure of the completion date just estimate)
- I hereby certify that I have read this information and **I am in the process of receiving** the complete three dose series of the Hepatitis B vaccine.
- I hereby certify that I have read this information and **I have elected not to receive** the Hepatitis B vaccine.

Signature of Student

Parent/Guardian: _____ **Date:** _____

(If student is under the age of 18 a parent/guardian must sign)

For more information about the hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at www.cdc.gov/health/default.htm.

*In accordance with the Privacy Act, please be advised that the requested disclosure of your Social Security number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.

Cleveland State Community College
Dual Enrollment

**Authorization for Students
to
Disclose Academic Information to Parents**

In accordance with FERPA, the College will disclose to parents information from the academic records of a student provided the College has on file the written consent of the student. Please sign below if you consent for the College to release your educational records to your parents. Return this form with your required registration form.

Students Signature _____ Date _____

Print Name _____ SS# _____

NEW REQUIREMENT! Registration forms will not be accepted without this form.

Dual Enrollment Confirmation Sheet for Lab Fees and Lottery Grant

Lottery Grant: Choose one, Sign, and Date

- **I have completed the lottery grant application** naming Cleveland State as the school listed to receive the lottery grant money. By signing this form or attaching a copy of the confirmation from your registration will guarantee you a credit of \$300 to your account if you qualify. If you do not register by the deadline you will be expected to pay the total balance. Your balance is due by the date indicated on your CougarNet account and if it is not paid by that date you will be dropped from your class or classes.

Signature _____ Date _____
Social Security # _____

- **I do not want the lottery.** I understand that the full amount will be billed to my account. Your balance is due by the date indicated on your CougarNet account and if it is not paid by that date you will be dropped from your class or classes.

Signature _____ Date _____
Social Security # _____

- **I have used my lottery grant at another school** and I understand that the full amount will be billed to my account. Your balance is due by the date indicated on your CougarNet account and if it is not paid by that date you will be dropped from your class or classes.

Signature _____ Date _____
Social Security # _____

Lab Fees

- Required Lab fees should be paid by the date listed on your CougarNet account. If not paid by the due date a hold will be put on your account, you will not receive a final grade for classes, and you cannot request that your transcripts be sent to another institution.
- **(For Bradley County Students)**
Bradley County Board of Education does not pay your lab fees this is your responsibility.

_____ New

Returning _____

DUAL ENROLLMENT SUMMER 2010 REGISTRATION FORM

Name _____ Social Security _____

Address _____ City _____ State _____ Zip _____ DOB _____

Phone: Home _____ Cell _____ Email Address _____

What high school, private school, or home school do you attend? _____

	CRN	DEPT	COURSE	SECTION	COURSE TITLE	CREDIT HRS	DAYS & TIMES	CLASS LOCATION	Are you using your Lottery At CSCC ?
	5555 (example)	BIOL (example)	1111 (example)	101 (example)	CLASS TITLE	03 (example)	MTWRF 8:00 – 8:55 (EXAMPLE)	HIGH SCHOOL OR CSCC	YES OR NO
1									
2									
3									
4									
5									

IMPORTANT! PLEASE READ

To apply for the **Lottery Grant** go to : <https://egrands.guarantorsolutions.com/scholarshipapps/or> www.collegepaystn.com. The **deadlines** are **Sept 1st for Fall**, **Feb 1st for Spring**, and **May 1st for Summer**. **You cannot register late.** These sites are closed after the deadline. **No Exceptions.** The lottery pays \$300 per semester to one school only and \$600 a year. **You must apply every semester.** If you experience any difficulty applying email www.jana.mccall@tn.gov.

Tuition Balance: Payments can be made by credit card on your CougarNet account, or by telephone at 1-800-604-2722 ext 238 or 290, Payments by cash or check can be made at **any** Cleveland State campus or by mail. **Check the web site for the dates your tuition and fees are due.**

If you are applying for a **Foundation Scholarship** the **deadline** for applying is **August 27th**. **No late applications will be excepted.**

NOTE: YOU MUST ATTACH AND COMPLETE YOUR CONFIRMATION FORM TO BE REGISTERED FOR CLASSES.

STUDENT'S SIGNATURE _____ DATE _____