

JOINT ADMISSIONS PROGRAM INTENT TO ENROLL FORM

STATE COLLEGE OR UMASS CAMPUS: _____
The college/campus where you plan to enroll

COMMUNITY COLLEGE: _____
The community college where you will earn your Associate Degree

Name: _____
Last/Family First Middle Previous

Permanent Address: _____
Street Address (include apartment # if applicable)

City State Zip

Mailing Address: _____
(if different from above) Street Address (include apartment # if applicable)

City State Zip

Phone: () _____ Email: _____
(if available)

Date of Birth: ____/____/____ Social Security #: ____/____/____

Sex: Female Male Veteran (Attach DD214): Yes No

Residency: In-State Out-of-State International Country of Birth: _____

Citizenship: U.S. Resident Alien Non-Resident Alien

Alien Registration #: _____ Date Issued: _____
Attach copies of both sides of the alien registration card

International Student: F Visa J Visa Other

Intended Enrollment Status: Full-time (12 or more credits) Part-time (11 or fewer credits)

Planned Entrance: September 20____ January 20____
year year

Intended Housing Type: On-Campus Off-Campus Commuter

Intended Major: _____ Second Choice (optional): _____
for UMASS campuses only

(continued...)

All previous college enrollment must be listed below (if more than two, attach separate sheet):
College/University City/State Dates Attended Degrees Earned

Current Enrollment Status: Not Enrolled Enrolled

List current coursework below (if enrolled in more than four courses, continue on a separate sheet):

_____ Credits: _____

_____ Credits: _____

_____ Credits: _____

_____ Credits: _____

Expected Date of Graduation with Associate Degree: Month _____ Year _____

Associate Degree Major: _____

Ethnic Information (optional):

- | | |
|---|--|
| <input type="checkbox"/> North or South American Indian/Alaskan | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Black, Non-Latino | <input type="checkbox"/> White, Non-Latino |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Cape Verdean |
| <input type="checkbox"/> Multiracial _____ | |

Information for Students with Disabilities (optional, to insure resource availability):

- | | | |
|--|--|---|
| <input type="checkbox"/> Speech Impaired | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mobility Impaired | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Psychological/Medical Disability |

Complete the next two statements ONLY if you are submitting to UMASS Amherst:

If interested in Teacher Certification, please check the applicable grade levels (note: admission is selective):

- Grades K-3 Grades 1-6 Grades 5-9 Grades 9-12

Have you ever been placed on probation, suspended, or refused admission to any other college or university? Yes No

If yes, please enclose an explanation on a separate sheet. If the reason was other than academic, the transfer counselor or appropriate dean must also submit a letter of explanation. Your file will be considered incomplete without this information.

All students must complete the following:

By my signature, I certify that the information I have provided about my academic and personal history is accurate and complete.

Signature: _____ Date: _____