

DUAL ENROLLMENT
APPLICATION FOR ADMISSION
MOUNTAIN EMPIRE COMMUNITY COLLEGE
3441 Mountain Empire Road • Big Stone Gap, VA 24219
(276) 523-2400

OFFICE USE ONLY	
User ID	_____
IS _____	OS _____
Staff Initials	_____
Date	_____

County _____

Student Social Security Number _____ Telephone _____

Legal Name of Student (Last, First, Middle) _____ Date of Birth _____

_____ Male Female

Mailing Address _____

City, State, Zip _____

Email address: _____

High School you currently attend _____

Expected Date of Graduation _____

Are you a U. S. Citizen? Yes No

(If yes, go to signatures)

If no, what is your Country of Citizenship? _____

Check your current immigration status with the U. S.:

Permanent Status: Resident Alien Asylee Refugee A # (number), if any: _____

Temporary Status: Specify Visa Type _____ and Expiration Date _____

What is your native language? _____

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Applicant's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____
(If under 18 years of age)

Emergency Contact Information: _____

Name	Relationship	Phone Number
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This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification) handicap, national origin or other non-merit factors. Employer, date of birth, social security, sex, and race information are optional and used for research, reporting and management of student records.