

**\*\*1. Due to Federal Regulations, this form must be filled out in black ink.**

**2. Due to Illinois Community College Board (ICCB) regulations, all credit and non-credit students must complete an application.**

**3. Under the Federal Education Rights and Privacy Act (FERPA) all applications and transcripts issued to South Suburban College become the property of the College.**

[ ] New Address

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last	First	Mi	Date of Birth (M/D/YY)
Street	Apt. No.	Home Phone	Alternate Phone
City	State	Zip	E-mail

Sex: [ ] Male [ ] Female

Are you a U.S. Citizen? [ ] Yes [ ] No      If yes, are you naturalized? [ ] Yes [ ] No

**If you are not a U.S. citizen, please indicate one of the following:**

[ ] Permanent Resident, Alien registration number A \_\_\_\_\_

[ ] If not a Permanent Resident, what is VISA status: \_\_\_\_\_ Country of Origin: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**All naturalized citizens and non-citizens must submit current valid documentation of status and classification.**

**1. The purpose of this request is solely for compliance with Federal Civil Rights Law and your response will not affect consideration of your application. By checking the following, you will help us to assure that students are served in a non-discriminatory manner.**

**Ethnic / Ethnicity**

Are you Hispanic or Latino? [ ] Yes [ ] No

**Please select one or more racial groups with whom you identify:**

- [ ] 1. American Indian or Alaskan Native      [ ] 4. Native Hawaiian or other Pacific Islander
- [ ] 2. Asian      [ ] 5. White
- [ ] 3. Black or African American

**Please identify your primary racial/ethnic group. Select One**

- [ ] 1. American Indian or Alaskan Native      [ ] 4. Native Hawaiian or other Pacific Islander
- [ ] 2. Asian      [ ] 5. White
- [ ] 3. Black or African American

**2. My primary reason for attending South Suburban College at this time is:**

- [ ] To improve skills for my present job.
- [ ] For personal interest/self development, not career oriented.

**3. Choose highest education level previously attained:**

- [ ] Doctorial Degree      [ ] Certificate
- [ ] 1st Professional      [ ] Some College
- [ ] Master's Degree      [ ] High School Diploma
- [ ] Bachelor's Degree      [ ] GED
- [ ] Associate Degree      [ ] None

**4. High School** \_\_\_\_\_

or **County of GED** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Date Graduated \_\_\_\_\_

**5. Last attended college or university:**

College or University: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**6. Parental education background**

- Mother: \_\_\_\_\_ Father: \_\_\_\_\_
- A. Not a High School graduate      D. Bachelor's Degree
  - B. High School Graduate      E. Higher
  - C. Some College / Associate Degree      U. Unknown

**7. Please check all responses that apply**

- [ ] 1. A single parent or single pregnant person.
- [ ] 2. A person who has lost financial support due to death or divorce of spouse and not on public assistance.
- [ ] 3. Does not apply.

**Company Name** \_\_\_\_\_

Course Number	Course Title	✓	Dates/Times	Course Fee/Tuition

**Total Cost** \_\_\_\_\_

**Payment method:** Check No.: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_ Credit: [ ] VISA [ ] MasterCard [ ] Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*I accept responsibility for the selection of courses as indicated above. I certify that the above information is true and correct to the best of my ability. By signing this form, I authorize South Suburban College to release all grade and attendance information to my employer for courses paid for by the employer.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_