



Rappahannock Community College

College

APPLICATION FOR ADMISSION

For Office Use Only	
EmplID _____	IS _____ OS _____
Staff Initial _____	Date _____

Notice: In accordance with §23.2.2:1 of the Code of Virginia, your name, date of birth, gender, and student identification number will be submitted to the Virginia State Police. By proceeding with the application process, you consent to this submission.

Please note: It will be necessary for applicants who will to be considered for veteran's benefits, financial aid, and Hope Scholarship/Lifetime Learning tax credit to provide a Social Security number to the college. To protect your privacy, your Social Security number will not be used as your student identification number. The VCCS will only use your Social Security number in accordance with federal and state reporting requirements, and for identification purposes within the VCCS. It shall not permit further disclosure unless required or authorized by the Family Educational Rights and Privacy Act of 1974, 20 U.S. C. Code 1232g, or pursuant to your obtained consent.

Possessing, brandishing, or using a weapon while on any college or VCCS office property, within any college or VCCS office facilities, or while attending any college or VCCS educational or athletic activities by students is prohibited, except where possession is a result of participation in an organized and scheduled instructional exercise for a course, when secured inside a vehicle, or where the student is a law enforcement professional. By proceeding with the application process, you acknowledge and agree to abide by this policy if accepted to a VCCS College.

If you have ever been in foster, please contact the Great Expectations program at 804-819-4690 after completing this application.

Personal Information:

1. Name: _____

Prefix
First
Full Middle
Last
Suffix
2. Social Security Number: _____
(Note: Providing this data will enable you to look up and reset a password for your username.)
3. Former name: _____
4. Date of birth: _____

First
Month
Day
Full Middle
Year
Last
5. Which college/campus do you plan to attend? _____ College _____ Campus
6. In what type of class will you be enrolling? _____ Credit class(es) _____ Non-credit class(es)
7. What term do you plan to begin classes? 20__ Term: ____ Fall (Aug-Dec) ____ Spring (Jan-May) ____ Summer (May-Aug)
8. Have you previously attended, applied for admission to, or been employed by any Virginia Community College?
 ____ No ____ Yes **If yes, SIS ID (Empl ID), if known:** _____
9. Primary Phone (include area code): (_____) _____ - _____
10. Mailing address: _____
11. City/County/or non-VA State of Residence: _____

PO Box/Street
City
State
ZIP
Country, if not USA
Provide what you consider to be your location of residence. If you temporarily relocated to your current address to get an education, you should provide your previous location.
12. Have you lived in Virginia for the last twelve months? ____ Yes ____ No-Where else did you live? _____ (US state or foreign country).
13. Email address: _____ *This address will be your unofficial e-mail address; you will be assigned an official VCCS e-mail address after enrolling in a qualifying class.*
14. Emergency Contact Information: _____

First Name
Last Name
Relationship
Phone Number
15. Student's Employer (if employed): _____
16. Student's Business phone: (____) _____ - _____ ext.: _____
17. Ethnicity: Are you Hispanic or Latino? ____ Yes ____ No
 What is your race? ____ White ____ Black/African American ____ Asian ____ American Indian/Alaska Native ____ Native Hawaiian/Other Pacific Islander
18. Gender: ____ Female ____ Male ____ Not indicated

19. U.S. Citizen Status: Native Naturalized Alien Permanent Alien Temporary Not reported or Not living in the U.S.

(Note: If you have been a U.S. Citizen since birth, choose Native. If you became a U.S. Citizen after birth, choose Naturalized. If you are not a U.S. Citizen, choose one of the types of alien statuses based on your visa. "Alien Permanent", "Alien Temporary" or "Not reported or Not living in the US" applicants must complete the remainder of the question on Citizen Status.)

Country of Citizenship? _____ Permanent Status: Resident Alien Asylee Refugee A#: _____

Visa Type: _____ Visa Expiration Date: _____ If you chose "Not reported or Not living in the US," what Visa Status are you requesting? _____

20. Primary Language: English Other

21. Military status: No Military Service Spouse Dependent Active duty Active reserves
 Inactive reserves Retired Veteran/VA Ineligible Veteran

Branch: _____ Date of Entry _____ mm/yy

Please complete the rest of this form if you plan to pursue a credit program of study or credit classes. If you selected "non-credit", please sign and date the application.

Educational History:

22. High School Information

High School (graduated or currently enrolled)

High School _____ Address _____
City State Country, if not USA

Actual or Anticipated Graduation Date _____ mm/yy

Diploma Type: Standard Modified Standard General Achievement Advanced Studies Other
 Other (Includes: Special Diploma or Certificate of Completion), or Don't Know

Home School (graduated or currently enrolled)

Address _____ Actual or Anticipated Graduation Date _____
State Country (if not USA) mm/yy

GED

State _____ Award Date _____ mm/yy

No High School diploma or GED

Last Date Attended: _____ Highest grade completed: _____
mm/yy

23. Colleges/Universities attended. If you have taken any college classes, please list the most recent first. Indicate any degrees earned in the last column with an **A** for Associate, **B** for Bachelor's, **M** for Master's, **D** for Doctorate or **P** for Professional Degree. If you have not earned a degree, leave the Degrees column blank.

College or University	City, State/Country (if not USA)	Dates Enrolled	Degrees

24. Were you suspended or dismissed from the last college you attended? Yes No

25. Family Educational Background:

Father's Highest Education: Do Not Know Less than High School Attended High School
 Graduated from High School Attended College Associate's Degree Received a Bachelor's Degree
 Received a post-Bachelor's Degree

Mother's Highest Education: Do Not Know Less than High School Attended High School
 Graduated from High School Attended College Associate's Degree Received a Bachelor's Degree
 Received a post-Bachelor's Degree

Educational Goals:

26. Educational Goals: *(Financial Aid students must check "yes" and enroll in an approved plan of study. Include specialization/sub-plan, if applicable).*

___ I plan to pursue a degree, certificate, or diploma from my community college. Plan of study _____
(Refer to the college's list of plans in the box below)

___ I do not plan to pursue a degree at this time. Reason for taking classes **(check only one)**:

- ___ Upgrading current job skills ___ Developing skills for new job ___ Exploring career options
 ___ Pursuing personal interest or general knowledge ___ Currently pursuing degree at another college (transient/visitor)
 ___ Planning to pursue a degree at another college (non-degree/transfer)

27. **High School Applicants:** ___ Dual Enrollment ___ Home Schooled ___ Dual Enrollment/Principal Permission

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)

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), disability, national origin or other non-merit.

Rappahannock Community College Plans

College Transfer

Arts and Sciences	
Arts and Sciences	649-01
Business Administration	649-02
Criminal Justice	649-06
Health-STEM	649-07
Pre-Engineering	649-03
Psychology/Social Work	649-04
Sustainable Science	649-08
Teacher Education (PreK-8)	649-05

Occupational Technical Programs

Administration of Justice	400-01
Business Management	212-08
General Engineering Technology	968-01
Nursing (ADN)	156-01

Certificate Programs

Accounting	204-01
Administrative Support Technology	398-01
General Education	695-01
Law Enforcement	463-01
Practical Nursing (PN)	157-01

Career Studies Certificate Programs

Autism Spectrum Disorders	221-154-01
Basic Electronics	221-981-08
Basic Networking and Cybersecurity	221-732-08
Computer Aided Drafting	221-729-01
Computer Application Specialist	221-299-03
Culinary Arts	221-242-03
Advanced Culinary Arts	221-242-08
Diesel Mechanics Technology	221-920-02
Emergency Medical Technician	221-146-01
Advanced EMT	221-146-08
Emergency Medical Services-Intermediate	221-146-03
Pre-Paramedic	221-146-04
Paramedic	221-146-05
Game Design & Development	221-299-70
Heating and Air Conditioning (HVAC)	221-903-12
Advanced HVAC	221-903-10
Industrial Electricity	221-940-15
Introduction to Engineering Technology	221-968-78
Nurse Aide	221-157-05
Pre-Medical Laboratory Technology	221-151-01
Pre-Nursing	221-156-02
Pre-Practical Nursing	221-157-02
Phlebotomy	221-151-02
Web Design	221-352-02

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DOMICILE DETERMINATION FORM

Eligibility for in-state tuition is pursuant to Section §§23.1-500, [Code of Virginia](#). Please contact the college admissions office if you have any questions.

All students taking credit classes must complete this portion of the application.

- Applicant's Name: _____ Date of birth: ____/____/____
First Full Middle Last (mm) (dd) (yy)
- Are you a U.S. Citizen? Yes No If "No," are you a permanent resident? Yes No If "Yes," what is your "A number"? _____ If "No," what is your immigration status? _____
- Are you on active duty in the U.S. Armed Forces? Yes No If "Yes," is Virginia listed on your Leave and Earnings Statement? Yes No
Date of Entry: ____/____/____ Official Duty Station: _____ State Reporting Date: ____/____/____ Duration of Orders: ____/____/____
- Are you the dependent of an active duty member in the U.S. Armed Forces? Yes No If "Yes," is Virginia listed on the Leave and Earnings Statement? Yes No
Date of Entry: ____/____/____ Official Duty Station: _____ State Reporting Date: ____/____/____ Duration of Orders: ____/____/____
- Are you retired or discharged from the U.S. Armed Forces? Yes No If "Yes," date of discharge/retirement? ____/____/____
- Are you the dependent of someone retired or discharged from the U.S. Armed Forces? Yes No If "Yes," date of discharge/retirement? ____/____/____
- For Students Under the Age of 24 (if you are 24 or older, skip to #8)
 Parent: My parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.
 Legal Guardian: My court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.
 Spouse: I want to claim eligibility for in-state tuition based on my spouse's domicile.
 Self: I want to claim eligibility based on my own domicile. **If you are under the age of 24, your eligibility WILL be based on your parent or legal guardian unless one of the following applies: (Check all that apply.) You may be required to supply "clear and convincing evidence" of your status.**
 I am a veteran or active duty member of the U.S. Armed Forces. Both of my parents are deceased and I have no adoptive or legal guardian.
 I have legal dependents other than my spouse. I am financially self-sufficient.
 I am a ward of the court or was a ward of the court until age 18. I have a bachelor's degree and I am working on a graduate degree.
 I am married.
- For Students 24 or older
 Self: I want to claim eligibility based on my own domicile.
 Spouse: I want to claim eligibility for in-state tuition based on my spouse's domicile.
If you checked Self or Spouse skip question #9.
- Provide the name of the person upon whom you are basing your domicile: _____
Use this person's information, to answer the questions below. First Last Relation to Student Daytime Telephone
- Is the above person a U.S. citizen? Yes No If "No," is he/she a permanent resident? Yes No If "Yes," what is his/her "A number"? _____ If "No," what is his/her immigration status? _____
- Is the above person on active duty in the U.S. Armed Forces? Yes No; If "Yes," Is Virginia listed on your Leave and Earnings Statement? Yes No
Date of Entry: ____/____/____ Official Duty Station: _____ State Reporting Date: ____/____/____ Duration of Orders: ____/____/____
- Is the above person married to someone active in the U.S. Armed Forces? Yes No
- Is the above person retired or discharged from the U.S. Armed Forces? Yes No
If "Yes," date of discharge/retirement? ____/____/____ State on LES prior to discharge: _____ State
- Is the above person a dependent of someone retired or discharged from the U.S. Armed Forces? Yes No
If "Yes", date of discharge/retirement? ____/____/____ State on LES prior to discharge: _____ State
- Has the above person lived in Virginia for the last 12 months? Yes No If "No," where did you live? _____
State or Country
- For the last year, did the above person (select only one):
 file Virginia income taxes on all earned income
 file as a resident in another state (List state) _____
 file as a resident in Virginia and as a non-resident in another state (List state) _____
 was a resident in a state without income tax (List state) _____
 had no taxable income
- For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income?
 Yes No

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. 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.

Signature of Applicant _____ Date _____ Signature of Parent, Legal Guardian or Spouse _____ Date _____
(If under 24 years old)