



Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Mailing Address (include P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Gender: Male  Female  Birth Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Year of H.S. Graduation: \_\_\_\_\_

Racial/Ethnic Identification: White (not of Hispanic Origin) Black (not of Hispanic Origin) Hispanic American Indian or Alaskan Native Asian or Pacific Islander Other

High School: \_\_\_\_\_ City: \_\_\_\_\_

What is your career goal (future job title): \_\_\_\_\_

Do you plan to attend a 4-year college after MMCC? Yes No

If yes, where? \_\_\_\_\_

By completing and signing this form, the student authorizes MMCC to discuss academic information with school personnel and the student's parent or guardian. This authorization will automatically expire upon high school graduation.

Applicants with felony and misdemeanor convictions may not be accepted to academic programs that require an internship or clinical hours. Moreover, applicants to certain programs are required to submit to a criminal background check. MMCC does not in any way guarantee that students with prior criminal convictions will be able to 1) complete their academic program; 2) attain health occupations licensure in the state of Michigan; or 3) be able to secure employment upon completion of a program.

I certify that the information provided on this application is complete and accurate in every respect. I understand that falsification or omission of any information requested on this application may result in cancellation of admission.

Student Signature

Date