

If you have any questions concerning any part of this application or DCC's Admissions procedures, contact the Admissions office: **Telephone: (845) 431-8010 • TTY#: (845) 431-1906 • admissions@sunydutchess.edu**

PERSONAL INFORMATION

1. Legal Name LAST FIRST MIDDLE

If you have academic records under another name, please indicate: FORMER NAME

2. Social Security Number* - - 3. Date of Birth / /

**Students without a social security number may skip this question.*

4. Permanent Address: HOUSE # STREET NAME APT #

CITY STATE ZIP COUNTY COUNTRY (IF NOT U.S.)

Mailing Address: HOUSE # STREET NAME APT # PO BOX

If different from above. CITY STATE ZIP COUNTY COUNTRY (IF NOT U.S.)

5. Telephone: Cell - - Home - -

Please text me with important DCC updates and reminders.

6. Email

7. If you are under 21 years of age: Parent/Guardian's Name:

Parent/Guardian's Email:

8. Gender: Male Female

9. Are you a U.S. citizen? Yes No If no, country of citizenship:

If no, are you a permanent resident? Yes No If no, are you intending to attend DCC on a student visa? Yes No

10. What is your native language?

11. Are you Hispanic/Latino? Yes No
If yes, what is your background (select one): Central American Cuban Dominican Mexican
 Puerto Rican South American Other Hispanic/Latino

12. What is your race? *Select one or more*
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

13. Do one or more of the following apply to you?
You are or were in foster care at any time after the age of 13; you are an orphan who was not adopted before the age of 13. Yes No

14. Military status: Active Military Duty Dependent of Active Duty Dependent of Veteran National Guard or Active Reserve
 Veteran Other:

DCC INFORMATION

15. Are you applying for full-time or part-time study? Full-time (12+ credits) Part-time (1-11 credits)

16. Semester for which you are applying: Spring 2021 Fall 2021

17. Will you be entering DCC as a first-time or transfer student?
You are a *first-time student* if you have not taken college-level work after high school graduation. First-time Transfer

18. Academic Major (required):

If unsure, please see academic program listing in packet. If undecided, please contact the ACT Center at (845) 431-8600 for career advisement.

Childhood Education (EED) majors must indicate a concentration: English History Mathematics Biology Spanish
Performing Arts (PFA) majors may select an advisement track: Music Theatre

19. DCC offers a **Minor in Honors Studies** for high school graduates with a 90 or higher overall high school average or graduation in the top 10% of the class. Would you like to be considered for this program? Yes No

20. The **Educational Opportunity Program (EOP)** supports qualified students from New York state who, due to limited financial and academic preparation, have not had the same opportunity as others to achieve their academic potential. See eligibility criteria.
Would you like to be considered for EOP? Yes No

21. Do you plan to apply for on-campus housing? Yes No

If you are a student with a documented disability who is in need of accommodations, please contact the Office of Accommodative Services at (845) 431-8055 to start the process.

HIGH SCHOOL

22. Indicate your Secondary Education Status. Mark only one.

I graduated/will graduate from High School Date of Graduation M M / Y Y NYC GRADUATES ONLY NYC OSIS #

HIGH SCHOOL NAME CITY STATE ZIP

Check here if your diploma is a CDOS credential

I completed High School Equivalency Diploma (TASC/GED) Date of Completion M M / Y Y

I withdrew from High School **I am/was Home Schooled** Date of Completion M M / Y Y

Individual Home Instruction Plan (IHIP) letter of completion required from school district

23. If you are applying as a first-time student, have you received (or do you expect to receive) college credits before you graduate from high school? Yes No

If yes, check all that apply: Advanced Placement (AP) DCC course taught in high school International Baccalaureate (IB)

Course taken at a college prior to graduation Other:

PRIOR COLLEGE

24. List all colleges attended (or from which you earned college-level credits)

COLLEGE NAME	CITY/STATE	DATES ATTENDED	CREDITS EARNED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

25. Have you been dismissed, expelled and/or suspended from a college for disciplinary reasons? Yes No

My signature below verifies that the information I have reported on this application is complete and factually correct. I understand that knowingly providing false information may be cause for denying or withdrawing an offer of admission. I also authorize the release of my transcript, standardized scores, and health records to DCC for admission purposes.

APPLICANT SIGNATURE: _____ **DATE:** _____

Dutchess Community College is committed to the principle of equal opportunity in education and employment and does not engage in unlawful discrimination based on an individual's race, color, national origin, religion, creed, age, disability, sex, gender identity, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence or dating violence victim status, or criminal conviction in the execution of its educational programs, activities, employment, daily operations or admission policies, in accordance with all applicable federal, state and local laws.

PLEASE SEND COMPLETED APPLICATION TO
Admissions Office, Dutchess Community College
53 Pendell Road | Poughkeepsie, NY 12601

DUTCHESS
COMMUNITY COLLEGE