

COAHOMA COMMUNITY COLLEGE

OFFICE OF ADMISSIONS & RECRUITMENT 3240 FRIARS POINT ROAD CLARKSDALE, MS 38614

APPLICATION FOR ADMISSION

WEBSITE: www.coahomacc.edu
TELEPHONE: 1-800-844-1CCC

	New (First-time student)				Oual Enrollment ag high school & CCC)
Plan to attend CCC: 20	Fall	Spring	;	Summer I	Summer II
Social Security Number:			Proposed Majo	or	
Legal Name:					
	Last	First	Mı	ddle	Maiden
Mailing Address:Stro	eet/P. O. Box	City	State	Zip	County
Physical Address:					
	Street	City	State	Zip	County
Date of Birth://	Place of Birth (ci	ity, state):	E	mail:	
Γelephone: ()	()	Cell	() In Case	of Emergency
U. S. Citizen?Yes No		Ethnicity: Are you	Hispanic/Latin	o?Y	es No
What's your Race? Black/A _ Native Hawaiian/Other Pacif				Indian/Alaska der: Male	
❖ Parent/Guardian Information		e of 21) (If guardi	ian must provide	legal guardiansi	hip documents)
Check one: Parent Guard	dian Spouse (if a	e of 21) (If guardi	ian must provide	legal guardiansi	hip documents)
Check one: Parent Guard	dian Spouse (if a	e of 21) (If guardi	ian must provide	legal guardiansi	hip documents)
Check one: Parent Guard Mailing Address: Street or P.	dian Spouse (if a	e of 21) (If guardi pplicable) Name: ty State	Zip	legal guardiansi Last	hip documents)
Check one: Parent Guard	dian Spouse (if a	pplicable) Name: ty State Address:	Zip	legal guardiansi Last	hip documents) First
Check one: Parent Guard Mailing Address: Street or P.	dian Spouse (if a	pplicable) Name: ty State Address: ol Yes No	zian must provide	Last State No Date:	First Zip
Check one: Parent Guard Mailing Address: Street or P. High School Attended: Graduate:Yes No School Attended: Date: I	O. Box Cir Name of high scho Special Certificate: Date:	pplicable) Name: ty State Address: ol Yes No	Zip City GED:Yes Test Location (ci	Last State No Date: ty, state):	First Zip
Check one: Parent Guard Mailing Address: Street or P. High School Attended: Graduate:Yes No School Coate: I	O. Box Cin Name of high scho Special Certificate: Date: es No Date Taker lease list any college you ha	pplicable) Name: ty State Address: ol _Yes No n:// ve attended, including Co	Zip City GED:Yes Test Location (ci	Last State No Date: ty, state): Sterans benefits script must be requ	First Zip ? _Yes _ No ested and sent to the
Check one: Parent Guard Mailing Address: Street or P.	O. Box Cin Name of high scho Special Certificate: Date: es No Date Taker lease list any college you ha	pplicable) Name: ty State Address: ol _Yes No n:// ve attended, including Co	Zip City GED:Yes Test Location (ci	Last State No Date: ty, state): Sterans benefits script must be requ	First Zip ? _Yes _ No ested and sent to the

Applicant's signature:

NON-DISCRIMINATION STATEMENT: Coahoma Community College is an equal opportunity institution in accordance with civil rights and does not discriminate on the basis of race, color, national origin, sex, disability, age, or other factors prohibited by law in any of its educational programs, activities, and employment opportunities. The following person has been designated to handle inquiries regarding the non discrimination policies: Wanda G. Holmes, Director of Human Resources/Coordinator for 504/ADA, Title IX Compliance Officer, Office #A100, Vivian M. Presley Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614; Phone: (662) 621-4853, Email: wholmes@coahomacc.edu