

Springfield Technical Community College

Exceptional Education. Proven Results.

Admissions Office
Springfield Technical Community College
One Armory Square, Suite 1
P.O. Box 9000
Springfield, MA 01102-9000
Phone: (413) 755-3333
Fax: (413) 755-6344

www.stcc.edu

Application for COLLEGE NOW Dual Enrollment Program

"College Now" is funded in part by the Commonwealth Dual Enrollment Program.

Eligible high school seniors, who are Massachusetts residents, may enroll in **one college level STCC credit course each semester free of charge**. Credits earned can be used at both the student's high school and the college. STCC will waive tuition and fees. Students will pay for books, supplies and provide their own transportation. Students may take any college level course for which they meet the academic requirements including day, evening, weekend and online. Guidance counselor or other designated school official approval signature is required. Participating students are subject to all STCC academic and student policies.

If you choose to participate in this program, please complete and sign the form below, including signatures by your guidance counselor or designated school official and parent/guardian, if required. **Please bring completed application to STCC Admissions.**

You are eligible to apply if you can answer "YES" to all of the following questions:

- Are you currently enrolled as a high school senior?
- Are you a Massachusetts resident? *Please complete Residency statement below.*
- Is the requested course a college level course? *College level courses are numbered 100 and higher.*

MASSACHUSETTS RESIDENCY STATEMENT

A person is considered a resident for College Now purposes if residency is bona fide and has been maintained for at least six continuous months immediately preceding the date of enrollment, and if the person has the intention of living in the state indefinitely.

 I, _____, CERTIFY THAT I HAVE BEEN A
RESIDENT OF MASSACHUSETTS SINCE _____ month _____ year

Part 1 Filled out by Student (Please print or type)

Name: _____
Last First Middle

Permanent Legal Address: _____
Street City State Zip

Home phone: (_____) - _____ - _____ Cell phone: (_____) - _____ - _____

Email address: _____

Mailing Address: _____
(if different from legal address) Street City State Zip

Male Female SS# - - Birth Date - -
month day year

Has either of your parent's graduated from a four-year college? Yes No

ETHNIC AND RACE INFORMATION (This information is used for statistical purposes only and is optional.)

Please check one:

Hispanic or Latino Not Hispanic or Latino

Please check one or more of the following:

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

SIGN HERE

I certify that all information stated on this application is accurate and complete.

Applicant's signature: _____ Date: _____

Parent or guardian's signature: _____ Date: _____
 (If applicant is under eighteen years of age)

Please note: The College reserves the right to share with your home high school or school district, any information related to disciplinary actions taken by the College against you.

Part 2 Filled out by Student with Guidance Counselor (Please print or type)

List the course student wishes to take. To see current schedule of classes and academic requirements go to www.stcc.edu/collegenow. After completion of form, contact the STCC Admissions Office at (413) 755-3333 for an advising/registration appointment. Please note that class space is limited and availability is on a first-come, first serve basis.

Semester applying for: Summer 1 _____ year
 June/July

Summer 2 _____ year
 July/August

September _____ year

January _____ year

Note 1: Students must meet all course prerequisites including, if necessary, the appropriate STCC assessment test prior to registering for a course. Please review the description of the course you are interested in as noted on the website: www.stcc.edu/collegenow for more details. STCC assessment information can be found at: www.stcc.edu/testing

Note 2: Any schedule changes must be made through the Admissions Office or the student will be billed for the entire course.

Course Name:

1st choice (ex. ENGL-100-D02) - -

2nd choice (ex. ENGL-100-D02) - -

3rd choice (ex. ENGL-100-D02) - -

High School Name: _____

High School Address: _____
 Street City State Zip

Guidance Counselor Name: _____ Phone: _____

SIGN HERE

I certify that the above named student is currently enrolled as a senior, is approved to take the course listed above, and is a student in good academic standing.

Signature: _____ Title: _____
 Guidance Counselor or other Designated School Official

Date: _____ Student SASID #: _____