

PEARL RIVER COMMUNITY COLLEGE

APPLICATION FOR ADMISSION

Today's Date _____ 20_____ Social Security Number _____

Name _____
 Address _____ Last _____ City _____ First _____ Middle _____ Other Name Used _____
 State _____ Zip Code _____

County _____ Phone (Day) _____ (Home) _____ (Other) _____

Date of Birth _____ Sex _____ Race _____ *

* Confidential information requested on a voluntary basis. Refusal to provide this information will not subject the applicant to any adverse treatment, and the information will be used in a manner consistent with applicable Civil Rights Laws.

Citizen of U.S. ? Yes _____ No _____ E-Mail address _____ @ _____

Person to be notified in case of emergency:

Name (Last, First, Middle): _____ Relationship _____
 City: _____ State: _____ Zip Code: _____ Phone Number: _____

In what field do you plan to major? _____

- ___ A.A. (Academic)
- ___ A.A.S. (Technical)
- ___ Certificate (Career)
- ___ Non Degree

Which Campus do you plan to attend?

Poplarville _____ Hattiesburg _____ Other _____

When do you plan to enter PRCC? Fall ___ Spring ___ Summer ___ Year _____

High school attended _____ Date of graduation _____ GED _____
 (Specify State)

(Specify State)

Have you previously attended PRCC? Yes _____ No _____ Dates: _____

Name used: _____

ALL students, please complete the following section for colleges or universities that you have previously attended:

Name of Institution	Dates of Attendance	City	State	Credits Earned	Degree Earned

Have you taken the A.C.T.? Yes ___ No ___ When _____ Mo/Yr Did you have your scores sent to P.R.C.C.? Yes ___ No ___

Pearl River Community College requires applicants to answer the questions: "Have you ever been convicted of a felony?" and "Have you ever been expelled and/or dismissed from another college or university for disciplinary reasons?" An applicant who answers "yes" will be required to submit additional information and schedule a meeting with the Dean of Student Services. The College reserves the ultimate decision on acceptance or rejection of any application. Applicants should also be aware that an individual with a felony conviction may not be able to obtain licensure in certain professions. In such cases where a felony conviction will prevent the student from applying for state licensure in a specific area, the student will be denied admission to that specific program.

Have you ever been convicted of a felony? ____Yes ____No

Have you ever been dismissed from another college or university for disciplinary reasons? __Yes __No

If you answer "yes" to either question, contact the Dean of Student Services to schedule an appointment for an interview. (601-403-1215)

An official transcript of all previous work must be received in the Admissions Office before a student is officially accepted. Return to: **ADMISSIONS OFFICE, BOX 5559, POPLARVILLE, MS 39470**. The Poplarville Admissions phone number is (601) 403-1214. If applying to our Forrest County Center, please send application, transcripts, and ACT scores to: **PEARL RIVER COMMUNITY COLLEGE, FORREST COUNTY CENTER, 5448 U.S. HWY 49 SOUTH, HATTIESBURG MS, 39401**. The Forrest County Center Admissions phone number is (601) 554-5555.

Pearl River Community College offers equal educational and employment opportunities to all persons without regard to sex, race, religion, color, national origin, handicap, or age.

I AGREE THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT DELIBERATE FALSIFICATION OF INFORMATION MAY RESULT IN DENIAL OF ADMISSION TO P.R.C.C.

Student Signature _____

AUTHORIZATION FOR MEDICAL PROCEDURES

In the event of serious illness or accident, every effort will be made to contact parents or guardian if student is under age 21. In the event that delay in medical, surgical, or psychological treatment might be detrimental to the health of the student, authorization for consultation and treatment is required.

Permission is granted Pearl River Community College to refer this student for necessary treatment.

Date _____ Signature of student (age 21 and over) _____

Date _____ Signature of parent or guardian (if under age 21) _____

Address and Phone No. _____