



Mail to: Office of Admissions  
 P.O. Box 668, Moorhead, MS 38761 662-246-6306  
 Web Address: [www.msdelta.edu](http://www.msdelta.edu)

Seeking admissions for which term:

\_\_\_ Fall Term 20 \_\_\_ Holiday Special 20 \_\_\_  
 \_\_\_ Spring Term 20 \_\_\_ Fall Special 20 \_\_\_  
 \_\_\_ Summer Term 20 \_\_\_ Spring Special 20 \_\_\_

# APPLICATION FOR ADMISSION/READMISSION

PLEASE PRINT OR TYPE PLEASE FILL IN ALL BLANKS

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (Do not use Last First Middle Month Day Year  
 Nickname or initials)

Mailing Address \_\_\_\_\_  
 Street, Box City County State Zip Code

Telephone Number \_\_\_\_\_  
 Area Code \_\_\_\_\_

**For Statistical Use Only:** Are you Hispanic/Latino? Y N  
 If not Hispanic which Race/Ethnicity are you? Circle one of the following:

American Indian or Alaskan Native Black or African American Native Hawaiian or Other Pacific Islander  
 Asian White Two or more races? Y N \_\_\_\_\_

(Circle One) Sex: Male Female  
 Marital Status: Divorced Married Separated Single Widowed  
 Are you a U.S. Citizen? Yes No

High School Attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
 Name of School Month Year

Address of High School Attended \_\_\_\_\_  
 City State Zip

Have you taken the ACT? Yes No When? \_\_\_\_\_ Did you list MDCC to receive your scores? Yes No

List all prior Colleges or Universities attended, listing the most recent first. Include any attendance at MDCC.

Institution Name	Address (City & State)	Dates of Attendance	Degree Earned

If your original/previous enrollment at MDCC was under a different name, list that full name.

Parent/Spouse: Full Name \_\_\_\_\_

Permanent Address \_\_\_\_\_  
 Street/P.O. Box City State Zip Code

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

If yes, crime committed. \_\_\_\_\_ Date of conviction \_\_\_\_\_

Are you to receive veteran's benefits? Yes No

SEE REVERSE SIDE FOR SELECTION OF MAJOR

A MAJOR MUST BE INDICATED AND YOUR SIGNATURE AND THE DATE MUST BE PRESENT TO VALIDATE THIS APPLICATION CHECK ONLY ONE (1) MAJOR

ALL UNIVERSITY PARALLEL PROGRAMS ARE AVAILABLE WITHIN THE FOLLOWING DIVISIONS (Examples: *Elementary Education -Humanities, Psychology -Humanities, Accounting -Business*)

### UNIVERSITY PARALLEL PROGRAMS

#### A.A. DEGREES

(Leads to Bachelor's Degree)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Art             | <input type="checkbox"/> Business              | <input type="checkbox"/> Biological Sciences         | <input type="checkbox"/> Computer Information Systems |
| <input type="checkbox"/> English         | <input type="checkbox"/> Foreign Language      | <input type="checkbox"/> General Education           | <input type="checkbox"/> HPER & D                     |
| <input type="checkbox"/> Mathematics     | <input type="checkbox"/> Music                 | <input type="checkbox"/> Chemistry/Physical Sciences | <input type="checkbox"/> Pre-Architecture             |
| <input type="checkbox"/> Pre-Engineering | <input type="checkbox"/> Pre-Health Profession | <input type="checkbox"/> Humanities                  | <input type="checkbox"/> Speech /Communication        |

#### TECHNICAL PROGRAMS

(Leads to Associate in Applied Science Degree)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Agriculture Mechanics Technology      | <input type="checkbox"/> Industrial Electricity/ Industrial Maintenance Technology            |   |
| <input type="checkbox"/> Computer Network Technology           | <input type="checkbox"/> Drafting and Design Technology/ Architectural Engineering Technology |   |
| <input type="checkbox"/> Electronics Technology                | <input type="checkbox"/> Biomedical Equipment Repair Technology                               |   |
| <input type="checkbox"/> Automotive Technology                 | <input type="checkbox"/> Sheet Metal Technology   | <input type="checkbox"/> Machine Tool Technology          |
| <input type="checkbox"/> Culinary Arts Technology              | <input type="checkbox"/> Field Crops Technology   | <input type="checkbox"/> Precision Agriculture Technology |
| <input type="checkbox"/> Office Systems Technology             | <input type="checkbox"/> Accounting Technology  | <input type="checkbox"/> Medical Office Technology        |
| <input type="checkbox"/> Medical Billing and Coding Technology |   |   |

#### CAREER PROGRAMS

(Career Certificate)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Agricultural Mechanics         | <input type="checkbox"/> Automotive Machinist                | <input type="checkbox"/> Automotive Mechanics             |
| <input type="checkbox"/> Brick, Block and Stone Masonry | <input type="checkbox"/> Commercial Truck Driving (16 weeks) | <input type="checkbox"/> Construction Equipment Operation |
| <input type="checkbox"/> Industrial Electricity         | <input type="checkbox"/> Heating & Air Conditioning (HVAC)   | <input type="checkbox"/> Machine Tool Operation           |
| <input type="checkbox"/> Sheet Metal                    | <input type="checkbox"/> Welding                             |   |

#### HEALTH SCIENCE PROGRAMS

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Medical Laboratory Technology | <input type="checkbox"/> Associate Degree Nursing (RN) | <input type="checkbox"/> Radiologic Technology (X-Ray) |
| <input type="checkbox"/> Nuclear Medicine Technology   | <input type="checkbox"/> Practical Nursing (LPN)       | <input type="checkbox"/> Dental Hygiene Technology     |
| <input type="checkbox"/> Pre-Health Science Technology | <input type="checkbox"/> Health Care Assistant         | <input type="checkbox"/> Emergency Medical Technician  |
| <input type="checkbox"/> Phlebotomy<br>(one semester)  | (one semester)   | (one semester)   |

An official transcript of all previous school work must be submitted to the Registrar's Office by the high school principal or registrar of the last school attended. This should be done as soon as possible after high school graduation or the close of the current semester. DO NOT SEND AN INCOMPLETE TRANSCRIPT EXCEPT FOR NURSING, MEDICAL LABORATORY TECHNOLOGY, RADIOLOGIC TECHNOLOGY, and DENTAL HYGIENE TECHNOLOGY. A statement of acceptance will not be issued to the applicant until the following documents are received and approved by the registrar: (1) a completed application form (inaccurate or incomplete information will invalidate the application); (2) a transcript of your school record or GED scores; and (3) ACT scores.

I have read and understand the conditions of the Student/Patron Use Agreement located at Admission on the MDCC Web Site.. I realize that failure to comply with any of those conditions could result in disciplinary action against me as described in the college's Student Handbook. I also understand that the college is not responsible for any consequences or legal actions that may result because of my misuse of the college network resources. I hereby make application for admission to Mississippi Delta Community College and agree to abide by the regulations of the college.

USUAL SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

Mississippi Delta Community College complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, handicap, or status as a veteran or disabled veteran. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Lynda Steele, Vice President of Administrative Services, Stauffer-Wood Administration Building, P.O. Box 668, Moorhead, MS 38761, 662-246-6558.