



Social Security Number: ____ -- ____ -- ____

Date of Birth _____

Telephone Number (_____) _____
(Area Code)

Email _____

(Correspondence will be sent to this address)

Office of Admissions and Records

P.O. Box 668

Moorhead, MS 38761

TELEPHONE: 662-246-6306

Seeking admission for which term:

- Fall Term 20__
- Spring Term 20__
- Summer Term 20__
- Holiday Special 20__

APPLICATION FOR ADMISSION OR READMISSION

(Do not use Nickname or initials) PLEASE PRINT OR TYPE PLEASE FILL IN ALL BLANKS

Legal Name _____
Last First Middle Previous name(s)

Mailing Address _____
P.O. Box City County State Zip Code

Physical Address _____
Street City County State Zip Code

GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	U.S. CITIZENSHIP <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you taken the ACT? <input type="checkbox"/> Yes When? _____ <input type="checkbox"/> No	Do you have a: <input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Certificate <input type="checkbox"/> GED	*ETHNICITY *This information is optional; it is used for statistical use only. <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races
		Did you list MDCC to receive your scores? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED Test Location: City _____ State _____	

Name of High School Attended _____ Date of Graduation _____
Month/Date/Year

Address of High School Attended _____
Address City State Zip Code

Previous College(s) Attended (Official Transcripts Must Be Submitted)
(List the most recent first and include any attendance at MDCC)

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

Please check the appropriate box: Parent Guardian Emergency Contact

Parental Information/Emergency Contact (Required for all; Parents must be listed if student is age 21 or under.)

Last First P.O. Box/Street City/State Zip Code

Home Telephone _____ Work Telephone _____ Cell Phone _____

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

Have either of your parents completed a four-year college degree? (For statistical purposes only) Yes No

SELECT ONLY ONE (1) MAJOR

A **major** must be indicated; your **signature** and the **date** must be present to validate this application.

All University Parallel programs are available within the following divisions
(Examples: **Pre-Health Professions**—Physical Therapy, **Social Sciences**—Psychology, **Business**—Accounting)

UNIVERSITY PARALLEL PROGRAMS

A.A. Degrees (Leads to Bachelor's Degree)

- | | | |
|--|---|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Elementary Education | <input type="checkbox"/> Music |
| <input type="checkbox"/> Biological Sciences | <input type="checkbox"/> English | <input type="checkbox"/> Pre-Architecture |
| <input type="checkbox"/> Business | <input type="checkbox"/> Entertainment Industry Studies | <input type="checkbox"/> Pre-Engineering |
| <input type="checkbox"/> Chemistry/Physics/Physical Sciences | <input type="checkbox"/> General Studies | <input type="checkbox"/> Pre-Health Professions |
| <input type="checkbox"/> Communications/Speech | <input type="checkbox"/> History | <input type="checkbox"/> Secondary Education |
| <input type="checkbox"/> Computer Information Systems (CIS) | <input type="checkbox"/> Health, PE, & Recreation | <input type="checkbox"/> Social Sciences |
| | <input type="checkbox"/> Mathematics | |

CAREER AND TECHNICAL PROGRAMS

(ACT scores may be required to determine admittance into certain programs)

- | | |
|---|--|
| <input type="checkbox"/> Accounting Technology | <input type="checkbox"/> Drafting and Design Technology |
| <input type="checkbox"/> Administrative Office Technology | <input type="checkbox"/> Electrical Technology |
| <input type="checkbox"/> Automotive Machinist | <input type="checkbox"/> Field Crops Technology |
| <input type="checkbox"/> Automotive Mechanics Technology | <input type="checkbox"/> Heating & Air Conditioning |
| <input type="checkbox"/> Brick, Block & Stone Masonry | <input type="checkbox"/> Industrial Maintenance Technology |
| <input type="checkbox"/> Business and Office Technology | <input type="checkbox"/> Machine Tool Technology |
| <input type="checkbox"/> Business Management Technology | <input type="checkbox"/> Precision Agriculture Technology |
| <input type="checkbox"/> Construction Equipment Operation | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Culinary Arts Technology | |

ALLIED HEALTH PROGRAMS

(The following programs require a separate admissions process. If you are an entering student, please choose the **Pre-Allied Health** major at this time. The Pre-Allied Health curriculum is designed to provide a good academic base for students seeking entrance into our Allied Health programs. If you are accepted into one of these programs, your major will be changed. **To apply for ANY Allied Health program, please visit our website www.msdelta.edu, click on "PROGRAMS OF STUDY" then click on "ALLIED HEALTH PROGRAMS" for the application packets and instructions.**)

- Pre-Allied Health (Leads to Academic A.A. Degree)

MDCC Offers the Following Allied Health Programs (You may highlight or circle your program/s of interest)

LPN Accelerated Track for ADN	Practical Nursing (PN)	
Associate Degree Nursing (RN)	Medical Laboratory Technology	Radiologic Technology (X-Ray)
Dental Hygiene Technology	Phlebotomy (one semester)	
Health Care Assistant (one semester)	Emergency Medical Technician (EMT) (one semester)	

An official transcript of all previous high school/college 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 college semester. 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/or college transcript from any previous college (if applicable); (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.

All correspondence to students will be distributed electronically and/or regular mail through USPS. All information concerning student accounts will be posted to MDCC My Banner accounts. It is the responsibility of the student to check their student email and their My Banner account on a regular basis and be aware of all activity on their account.

STUDENT SIGNATURE _____ **DATE SIGNED** _____

Mississippi Delta Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award the Associate of Arts Degree and the Associate of Applied Science Degree and Certificates. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Mississippi Delta Community College.

Mississippi Delta Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: The Associate VP for Institutional Effectiveness, Boggs-Scroggins Student Services Center, P.O. Box 668, Moorhead, MS 38761, 662-246-6558.