

# COAHOMA COMMUNITY COLLEGE

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

**WEBSITE:** www.coahomacc.edu



**TELEPHONE:** 1-800-844-1CCC

## APPLICATION FOR ADMISSION

I plan to enter CCC: 20\_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Summer 2

Classification: Freshman \_\_\_\_ Sophomore \_\_\_\_ Transfer \_\_\_\_ Dual Enrollment \_\_\_\_

Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Proposed Major \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Name Previous Name

Permanent Mailing Address \_\_\_\_\_  
Street/Box City County State Zip Code

Telephone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Cell  
( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

In Case of Emergency

### FOR STATISTICAL PURPOSES ONLY:

**RACE:** \_\_ BLACK \_\_ WHITE \_\_ AMERICAN INDIAN \_\_ ASIAN \_\_ HISPANIC \_\_ OTHER

**GENDER:** \_\_ FEMALE \_\_ MALE

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month, Day, Year City, State

Are you a Legal Resident of Mississippi: \_\_\_\_ Yes \_\_\_\_ No If no, what state or country: \_\_\_\_\_

Are you an International Student? \_\_\_\_ Yes \_\_\_\_ No

Country of Citizenship (If not U.S.) \_\_\_\_\_ Type of Visa \_\_\_\_\_ Visa Expiration \_\_\_\_\_  
Date

Last High School Attended: \_\_\_\_\_  
Name of School City State  
or

Home School Attended: \_\_\_\_\_  
Name of School City State

**Graduate:** \_\_ Yes \_\_ No

Date: \_\_\_\_\_

**Special Certificate:** \_\_ Yes \_\_ No

Date: \_\_\_\_\_

**GED:** \_\_ Yes \_\_ No

Date: \_\_\_\_\_

Have you taken the ACT? \_\_\_\_ Yes \_\_\_\_ No Date Taken \_\_\_\_\_

