

**COAHOMA COMMUNITY COLLEGE**  
**DIVISION OF STUDENT ENGAGEMENT**  
Counseling Center

**APPLICATION**

1. Name \_\_\_\_\_ ID# \_\_\_\_\_ Social Security # \_\_\_\_\_ Classification \_\_\_\_\_
2. Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Physical Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Telephone Number \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_
5. Major \_\_\_\_\_
6. Ethnic Group: \_\_\_\_\_ White \_\_\_\_\_ African American \_\_\_\_\_ American Indian  
\_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_
7. Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_
8. Do you have any children? \_\_\_\_\_ Are you pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A
9. Have you ever been subjected to the criminal justice process? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Is English your native language? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. Are you taking any medication or have you taken any medication in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No
12. Are you in need of any accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

***Is there any additional information you would like for us to know?***

---

---

*I certify that all of the information contained on this application is true and correct.*

*The Coordinator of Counseling Services will not disclose any confidential information or material unless it compromises the safety of the student and/or campus community of Coahoma Community College. It is further understood that all files will be secured under lock and key at all times. The Coordinator of Counseling Services and Director/Asst. Director of the Division of Student Engagement will have access to files pertinent to the student's records.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_