



OFFICE OF ADMISSIONS
 One Education Drive
 Garden City, NY 11530-6793
 Tel 516.572.7345
 ncc.edu/admissions

FOR OFFICE USE ONLY:

APPLICATION FOR SUMMER ADMISSION HIGH SCHOOL STUDENT

PLEASE READ THE INFORMATION ON PAGE 2 BEFORE COMPLETING THIS FORM

HAVE YOU APPLIED FOR THE UPCOMING FALL ADMISSION AND/OR ATTENDED NCC? Yes No

Your Social Security Number _____ - _____ - _____

(Enter your **United States of America** SSN. This number is confidential and, under federal law, it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purposes of state and federal financial aid, Hope Lifetime Learning tax credits, institutional assessment, academic transcripts, or accountability research.)

Name
 Last _____ First _____ Middle _____

Permanent Address:
 House number and Street _____ Apt. # _____

City _____ State _____ Zip _____

How long have you resided in Nassau County? _____ Years **How long have you resided in New York State?** _____ Years

Home Telephone: (_____) _____ - _____ **Cellular Number:** (_____) _____ - _____
 Area Code Area Code

Gender: Male Female **Date of Birth:** _____ / _____ / _____ (MM/DD/YYYY)

Citizenship Status (CHECK ONLY ONE):

Citizen of the United States of America: Yes No (Country of citizenship _____ and check your status below)

- Legal permanent resident of the United States (Attach a copy of your permanent resident card)
- Have a visa (please identify) A,B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, R, S, T, U, V (Attach a copy)
- Status Pending _____
- Other (specify) _____

Ethnicity & Race (optional):

- White (Non-Hispanic) Black or African American (Non-Hispanic) Hispanic/Latino Asian Native Hawaiian or other Pacific Islander
- American Indian or Alaskan Native Two or more races

If you are Hispanic/Latino, is your background (select one)

- Central American Cuban Dominican Mexican Puerto Rican South American Other Hispanic/Latino

Have you ever been convicted of a felony? (see instructions) Yes No

Your e-mail address (print clearly) : _____

High School : _____ **Expected graduation date :** _____

Have you attended a New York High School for at least 2 years? Yes No

Are you currently a member of the U.S. Armed Services or a dependent of a service member? Yes No

I declare that all statements made in this application are, to the best of my knowledge, true and correct. I understand that if I was born on or after January 1, 1957 and if I enroll for 6 or more chargeable credits, I must provide the College with proof of immunization against measles, mumps and rubella. ALL students regardless of age who are enrolled for six or more credit hours must fill out the meningitis survey which is available through the Health Center. My failure to comply with this New York State law within 30 days from the start of the semester will result in my disenrollment from classes without refund of tuition and fees.

Student Signature: _____ **Date:** _____

High School Counselor Verification:

This applicant is a student at _____. Permission is hereby granted for enrollment in the Summer Session. The courses listed below will _____ or will not _____ apply toward a high school diploma. A transcript is attached.

Subject	Number	Title	Credits	Subject	Number	Title	Credits
1.				3.			
2.				4.			

Student Signature: _____ **Date:** _____

High School Counselor Signature: _____ **Date:** _____

INSTRUCTIONS FOR SUMMER ADMISSION HIGH SCHOOL STUDENT

Print clearly all information on the application.

1. Applicant must be 16 years old by the start of class.
2. Print clearly all information on the application.
3. If you wish to attend a summer session, you must complete the entire application and submit to your High School Guidance Counselor for completing the bottom part of the form.
4. An official High School Transcript must be attached. Include SAT/ACT scores, if available.
5. Payment of a \$50 non-refundable application fee must be paid at the time of registration if student has not already applied and paid the fee for fall. Make check payable to Nassau Community College.
6. Take this application to the Office of Admissions, Tower Building, 2nd Floor, Nassau Community College, Garden City, NY 11530-6793 no less than 14 days prior to the start of the summer session you wish to attend. Students may be required to take a placement test prior to registration and must be available for testing so that results can be obtained before classes begin.
7. Students currently enrolled in high school will not be allowed to enroll in a session which runs concurrent to the final weeks of high school unless you are in the top 20% of your class
8. This application does not guarantee enrollment into a particular course. Enrollment is available if students meet the pre-requisite requirements and there is available space in the course.
9. This application is for summer attendance only; students, who wish to attend in the fall should contact the Office of Admissions for the appropriate application.
10. No financial assistance is available for summer study.

***High School Counselors:**

Visit our website, ncc.edu/MyNCC, to access the CLASS SCHEDULE. You must enter the Course Reference Number (CRN) in order for us to process the registration for the student.