

# NUNEZ COMMUNITY COLLEGE

## Application for Admissions

3710 Paris Rd  
Chalmette, LA 70043  
504-278-6467

Term of Application:  Fall  Spring  Summer 20\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Other names you might have used: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address:

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_  
Is this your permanent address?  Yes  No How long have you lived continuously in LA? Years \_\_\_\_\_ Months \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Area code & phone number Area code & phone number

Whom to notify in case of emergency: \_\_\_\_\_  
Last name, First Name Area code & phone number

**ETHNICITY:** What is your ethnicity?  Hispanic or Latino  Not Hispanic or Latino

**RACE:** What is your race? Mark one or more races to indicate what you consider yourself to be. This information is voluntary and the information will be used for federal and/or state law reporting purposes in a nondiscriminatory manner consistent with civil rights laws.

American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

**Are you registered for Selective Service?**  Yes  No  No, because I am female **SS Number** \_\_\_\_\_

**I am**  a veteran  not a veteran

<b>Are you a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If no,</b> country of citizenship? _____	<b>Type of VISA?</b> <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> Other (Specify) _____
Expiration Date _____	Alien Registration Number _____ Are you a refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you employed?  Yes  No If yes, Are you employed  Full time or  Part Time?

**ENTRANCE CLASSIFICATION:**

Will you be a  First time college student, not having attended any other college or university?  
 Readmit college student, having attended Nunez Community College?  
 Transfer college student, having attended another college or university?

**EDUCATION PLAN:**

Do you plan to work toward a degree or certificate at Nunez?

**If Yes,** please check the major(s) you will be pursuing: \*These programs have limited enrollment. Specific permission to enroll is required.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Biotechnology Technical Assistant<br><input type="checkbox"/> Business Technology<br><input type="checkbox"/> Care and Development of Young Children<br><input type="checkbox"/> Computer Information Systems<br><input type="checkbox"/> Computer Technology<br><input type="checkbox"/> Construction Technology<br><input type="checkbox"/> Culinary Arts<br><input type="checkbox"/> Electrical Construction<br><input type="checkbox"/> Emergency Medical Technician-Basic*<br><input type="checkbox"/> Emergency Medical Technician-Paramedic*<br><input type="checkbox"/> Foodservice Production Management | <input type="checkbox"/> General Science<br><input type="checkbox"/> General Studies<br>Specify Concentration Area: _____<br><input type="checkbox"/> Health Services Office Management<br><input type="checkbox"/> Heating, Ventilation, and Air Conditioning<br><input type="checkbox"/> Industrial Technology<br>Specify Concentration Area: (Check One)<br><input type="checkbox"/> Process Technology (PTEC) <input type="checkbox"/> Drafting<br><input type="checkbox"/> Computer Tech <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC<br><input type="checkbox"/> Environmental Tech <input type="checkbox"/> Machine Tool<br><input type="checkbox"/> Medical Coding and Billing | <input type="checkbox"/> Nursing Assistant<br><input type="checkbox"/> Office Careers<br><input type="checkbox"/> Paralegal Studies<br><input type="checkbox"/> Practical Nursing* Program at Nunez<br>(**See options below for another college's nursing program.)<br><input type="checkbox"/> Teaching (Grades 1-5)*<br><input type="checkbox"/> Welding<br><input type="checkbox"/> Undecided |
|--|---|--|

**If No,** what are your plans?

- I am a Not seeking a Degree or Certificate  
 I am a High School/Dual Enrolled Student  
 I am a Visiting Student for One Semester

<input type="checkbox"/> I am taking Nunez courses for transfer to the _____ degree program at _____ (name of college or university)	<input type="checkbox"/> ** I am taking pre-requisites for an RN or other Allied Health Program <input type="checkbox"/> I am a Cross-Enrolled Student from _____ (name of college or university)
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**HIGH SCHOOL INFORMATION:** (Please check the appropriate option and complete the required information.)

I graduated from high school. List school attended, location and graduation year.

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Year Graduated \_\_\_\_\_

I received a Certificate of Completion. List school attended, location and completion year.

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Year Graduated \_\_\_\_\_

I received a GED. Date Completed: \_\_\_\_\_

I am still attending high school. I will graduate in \_\_\_\_\_ Do you have permission to enroll?  Yes  No

I am not a high school graduate. I completed the \_\_\_\_\_ grade.

Have you taken the ACT?  Yes  No If yes, when? \_\_\_\_\_

What is the highest level of education completed by either of your parents?

Less than high school  High School graduate  Some College  College Graduate

**COLLEGE EDUCATIONAL INFORMATION:** List below *all* colleges you have attended even if you did not earn credit. Include Nunez Community College, St. Bernard Parish Community College and Elaine P. Nunez Technical Institute. Any student who does not list each previous institution attended is subject to dismissal without a refund. You must request official transcripts from all institutions attended.

Name of Institution	City, State, Country	Dates Attended	Credits Earned	Degree or Certificate Earned

Are you on suspension from any of the above institutions?  Yes  No

I do hereby authorize Louisiana public postsecondary education access to my academic record.

I certify that all information within this application is correct. I realize that false or incomplete information may result in dismissal from the college.

I understand that admission to the College does not constitute admission to every program offered by the College. I understand that different programs carry different admissions criteria.

I also certify that, in accordance with the requirements of the military Selective Service Act and the requirements of state law R.S. 17:1351, I have registered with the Selective Service. (Registration with the Selective Service must be completed before your Application for Admission can be completed.)

**Signature of Applicant**

Please copy your driver's license, state or Nunez ID here or attach a separate page.

**Date**

**Payment Options (Please read carefully as these instructions have changed!)**

- If paying in person, submit to the Bursar's Office, or
- Mail this completed form with a check or money order made payable to Nunez Community College, ATTN: Bursar's Office, or
- From the website, click on the link "**Credit Card Authorization Form**". Complete the form as instructed and fax the credit card authorization and this form to the Bursar's Office at 504-278-6402. A scan of the completed form may also be sent by email to [eschwartz@nunez.edu](mailto:eschwartz@nunez.edu).