

4 Please indicate your program choices. Refer to Application Instructions for Section 4 on page 212.

1ST CHOICE _____ campus _____ program of study name _____ I am applying for: (check two) INTENDED ENTRY DATE ____
 Daytime Program as a JANUARY/SPRING YEAR
 2ND CHOICE _____ campus _____ program of study name _____ Evening Program as a JUNE/SUMMER
 3RD CHOICE _____ campus _____ program of study name _____ Full-time student SEPTEMBER/FALL
 Part-time student

HAVE YOU EVER ATTENDED THIS INSTITUTION? YES NO

IF YES, LAST SEMESTER ATTENDED _____

ARE YOU INTERESTED IN RECEIVING INFORMATION ABOUT THE JOINT ADMISSIONS AGREEMENT (JAA) AMONG THE COMMUNITY COLLEGE OF RHODE ISLAND, RHODE ISLAND COLLEGE AND THE UNIVERSITY OF RHODE ISLAND? YES NO

5 High School History: Refer to Application Instructions for Section 5 on page 212.

I HAVE OR WILL HAVE:
 HIGH SCHOOL DIPLOMA
 CODE _____ INSTITUTION NAME _____ DIPLOMA DATE ____
 MONTH/YEAR
 GED
 CODE _____ STATE IN WHICH GED RECEIVED _____ DATE RECEIVED ____
 MONTH/YEAR
 DO NOT HOLD ANY OF THE ABOVE
 CODE _____ LAST HIGH SCHOOL ATTENDED _____ LAST DATE ATTENDED ____
 MONTH/YEAR

6 Have you participated in any of these programs? Please check all that apply.

- High School / Community College Partnership
- EOC (Educational Opportunity Center)
- Talent Search
- Upward Bound
- Gear Up / Children's Crusade

7 College History. List ALL colleges and universities previously attended, whether or not you wish to receive transfer credit. Only submit official transcripts for institutions from which you are seeking a transfer credit award.

COLLEGE CODE	INSTITUTION NAME	CERTIFICATE OR DEGREE EARNED
____	_____	_____
____	_____	_____
____	_____	_____
____	_____	_____
____	_____	_____
____	_____	_____

IF PRIOR COLLEGE EXPERIENCE, PLEASE INDICATE HIGHEST COLLEGE DEGREE EARNED: _____

8 Agreement:

I certify that the information that I have provided on this application is true and correct. Further, by signing this form, I agree to abide by the rules and regulations and fulfill all financial obligations at the Community College of Rhode Island.

Signature of Applicant _____ Date _____
 (If under age 18, signature of parent/guardian)

Method of payment (check one):

- Check or money order enclosed.
- Credit card payment: Please charge the following credit card: MasterCard Visa Discover Card

For Office Use Only
 Fee Paid \$ _____
 NEBHE _____

Name of cardholder _____ Card Number _____
 Exp. Date _____ Signature required to process your application _____