CCRI ID Number: *For Office Use*

**APPLICATION FOR THE AFTER-SCHOOL MATH READINESS PROGRAM**

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| --- | --- |
|  | Program description |
| A FREE 10-week, after-school program for CTE high school juniors and seniors to prepare for credit bearing math courses at CCRI. The ACCUPLACER placement exam will be administered prior to and after the course. Fees will be waived. The program is intended to provide students access to CCRI courses that are  credit-bearing, transcripted, and/or transferable credits.  Many students are ineligible to take college-level courses because they do not meet the required ACCUPLACER score in math. This program will provide students with focused instruction in math to ensure college-level readiness.  For more information or to register, contact Erica Rosenblum at ekrosenblum@ccri.edu, 401-825-2079 | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Previous name | | | | | Middle initial | | Gender: |
| Permanent home street address | | | | | | | |
| City | | |  | State/Zip |  | Email address | |
| Home telephone number |  | Cell number |  | Please text me important college information regarding enrollment,  **Yes**  financial aid and other key milestones in my academic progress  **No** | | | |

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For Office Use

Please complete the application below.

Date of birth (mm/dd/yy)

Middle initial

First name

Last name *(as it appears on Social Security card or U.S. passport)*

Social Security number

*Social Security number is mandatory under federal law. If applying without a social security number see* [*http://www.ccri.edu/oes/admissions/applicantwithoutssnortin.html*](http://www.ccri.edu/oes/admissions/applicantwithoutssnortin.html)

Date of application

|  |  |
| --- | --- |
|  | The following information helps us comply with federal statistical reporting requirements only and will not, in any way, impact an admission decision on your application. Federal regulations require colleges to report enrollment data by racial, ethnic and gender categories. |
| *\* Ethnicity/Race data reporting for federal purposes has changed. The selections that you see in this section are the choices as mandated by the federal government for higher education reporting purposes. Only statistical numbers are reported. No individual data appears on the federal reports.*  †*The term displaced homemaker refers to women or men who have worked mainly in the home for a minimum of two years caring for home and family. Due to loss of family financial support (usually through death, disability or divorce), these individuals must leave the home and seek to support themselves and their families.* | |

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| Ethnicity: (Not used for admission. Please check one.)\*   Not Hispanic Federal regulations require colleges   Hispanic or Latino to report enrollment data by racial, ethnic  and gender categories | | Race: (Not used for admission). Not Hispa   American Indian or Alaska Native   Asian   Black or African American | | | | | nic or Latino.   Native Hawaiian or   White   Two or more races | other | Pacific Islander |
| Important information: | One or both parents (biological or adoptive) earned a four-year degree Single parent with custody of a child under 18  Speaker of English as a second language Displaced homemaker† | |        | Yes Yes Yes Yes |        | No No No No | | | |

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| --- | --- |
|  | Please print clearly. |
| Name Student ID number Date Semester Expected year of graduation High school name High school grade School counselor name Telephone | |

|  |  |
| --- | --- |
|  | Required signature  *For Office Use -* |
| *Leave Blank*  CCRI representative  Name Title | |
|  | Agreements: |
| **Authorization to release records by signing this application.**  I authorize the Community College of Rhode Island to release all education records (records include transcripts, semester course schedule, assessment test scores and residency information) to my high school counselor or his/her designee, my parent/guardian(s), the Rhode Island Department of Education and the RI Office of the Postsecondary Commissioner during my enrollment in dual enrollment courses at CCRI.  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 at, and fulfill all financial obligations to, the Community College of Rhode Island.  Applicant's signature Application date  If under age 18, signature of parent/guardian Application date  CCRI APPLICATION 04/2020 | |

  

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

Of Students Participating in Dual Enrollment

**FERPA Release Form (Family Educational Rights and Privacy Act)**

For students participating in dual or concurrent enrollment courses at CCRI, RIC, or URI.

I, , hereby authorize the

*Print Full Name*

Community College of Rhode Island (CCRI), Rhode Island College (RIC), the University of Rhode Island (URI)

*Circle the institutions where you will take concurrent or dual enrollment classes this semester.*

to release all education records (including transcripts, semester course schedule, assessment test scores, satisfactory academic progress status and residency information) to my high school counselor or his/her designee, my parent/guardian(s), the Rhode Island Department of Education and the RI Office of the Postsecondary Commissioner during my enrollment in dual enrollment courses, for the purposes of jointly gaining secondary school and college credit.

I also understand this release remains in effect for one calendar year from the date it is received by CCRI, RIC or URI, unless I revoke my consent in writing and deliver it to the Office of Enrollment Services at CCRI, the Records Office at RIC, or the Enrollment Services Office at URI.

*Initial* I worked with my secondary school guidance counselor or school administrator to choose my selected dual/concurrent enrollment courses as part of my high school credits.

High School

Student’s Signature Date

Parent’s Signature:

*If student is younger than 18, parent/guardian signature is required.*

**Office of Enrollment Services**

Knight Campus, 400 East Ave., Warwick, RI 02886-1807, 401-825-2003