

CCRI P-TECH: Pathways in Technology Early College

High School CCRI Application

CCRI ID Number: For Office Use

Program description

The Community College of Rhode Island offers college courses for credit to students enrolled in P-TECH at our high school partners. This program provides these students with the opportunity to enroll in courses towards a CCRI associate degree while attending high school. Students are required to complete this CCRI P-TECH application with the consent and advice of a parent/guardian, school counselor, and P-TECH Director. Please note that the Social Security number is mandatory under federal law and the application needs to be signed by a parent/guardian, secondary school official (P-TECH Director), and the applicant. For more information about the P-TECH program, please contact the school P-TECH Director or visit <http://commerceri.com/ptech/>.

Please print clearly.

Date of application		Social Security number <small>Social Security number is mandatory under federal law.</small>	
<small>Name as it appears on Social Security card or U.S. passport</small>			
Last name	First name	Middle initial	Date of birth (mm/dd/yy)
<small>Previous Name</small>			
Last name	First name	Middle initial	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent home street address			
City	State	ZIP	
Home telephone number	Student cell number	Student e-mail address	

Have you lived continuously in Rhode Island for one or more years as of the first day of classes for this semester? Yes No

Are you a U.S. citizen? Yes No

If you are not a U.S. citizen, do you have a Permanent Resident Card (Green Card)? Yes No

If you are a permanent resident card holder, please provide your alien registration number.: _____

Is Rhode Island your legal and permanent state of residence? Yes No

If you have a non-Rhode Island permanent home address and you are claiming Rhode Island residency, you must submit a CCRI Application for In-State Residency and all required documentation. This information is available at www.ccri.edu/oes/admissions/pdfs/resusperm.pdf

If you are not a legal and permanent resident of Rhode Island, please list your legal residence.

Street _____ City _____ State _____ ZIP _____ Country _____

Service members or dependents

Did you serve or are you serving in the U.S. armed forces? Yes No N/A

If you or your dependents are currently serving, are you stationed in Rhode Island on active duty? Yes No N/A

Will you be using VA education benefits at CCRI? Yes No N/A

Will you be using VA education benefits as a dependent at CCRI? Yes No N/A

Did you honorably serve in a combat zone? Yes No N/A

Please note:
Misrepresentation concerning residency and/or citizenship is grounds for immediate dismissal from the college, but you will remain liable for all tuition and fees.

The information that you provide helps us to 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: (Not used for admission. Please check one.)* <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic or Latino <small>Federal regulations require colleges to report enrollment data by racial, ethnic and gender categories</small>	Race: (Not used for admission.) Not Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More races
Important information:	
One or both parents (biological or adoptive) earned a four-year degree	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student is a single parent with custody of a child under 18	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speaker of English as a second language	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student is a displaced homemaker†	<input type="checkbox"/> Yes <input type="checkbox"/> No

* 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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Please print clearly.

Name _____ CCRI Student ID number _____
CCRI will enter ID number for initial applications

Date _____ Semester _____

P-TECH school name _____ Middle/High school grade _____

School P-TECH Director name _____ P-TECH Director's phone number _____

Courses (Must be selected by your P-TECH Director):

Required signatures

Secondary school official _____
(Superintendent, principal, school counselor or P-TECH Director)

CCRI representative _____
Name Title

Agreements:

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 the Community College of Rhode Island.

I understand that my final course grades will be entered on my CCRI transcript. If I decide to attend CCRI in the future, all CCRI P-TECH courses will be on my transcript and may affect my future financial aid eligibility. I understand that if I need to withdraw from any course(s), it is my responsibility to follow the College-approved steps to withdraw from courses.

Applicant's signature _____ Application date _____

Parent's name (please print) _____

If under age 18, signature of parent/guardian _____ Application date _____

Emergency contact name _____ Phone number _____