



Application for Admission—Basic Law Enforcement Training

Mail or submit to: **Law Enforcement Training Center**
 Mitchell Community College
 701 West Front Street
 Statesville, NC 28677
 (704) 878-3255

Visit our Web site at
mitchellcc.edu

Please print in ink. Answer all questions completely. Use legal name only. This data is used to maintain appropriate records. Sex and race information is voluntary and will not be used in decisions regarding admissions.

Enrollment Term	<input type="checkbox"/> Spring Day	<input type="checkbox"/> Fall Day	<input type="checkbox"/> Fall Night	<input type="checkbox"/> Fall Alternating	Year _____
Are you a returning student? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last Name	First	Middle	Former		
Mailing Address					
City	State	Zip Code			
County of Legal Residence	State of Legal Residence	Country of Legal Residence			

Home Phone	Mobile Phone	Email Address			
Date of Birth	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			
Social Security #	Select one or more races <input type="checkbox"/> American/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White				

Long-term goal at Mitchell Community College (<i>Check one.</i>)	
GR <input type="checkbox"/> Obtain an Associate Degree, Diploma, or Certificate	TR <input type="checkbox"/> Take courses to transfer to another college
EP <input type="checkbox"/> Enhance job skills in present field of work	PE <input type="checkbox"/> Take courses for personal enrichment or interest
EN <input type="checkbox"/> Enhance employment skills for a new job	

Citizenship (<i>Select one.</i>)	
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Refugee
<input type="checkbox"/> Permanent Resident Alien	<input type="checkbox"/> Asylee
<input type="checkbox"/> Non-U.S. Citizen	

Information supplied on this application is in no way used as criteria for admissions. It is used for institutional statistical purposes and is held in strict confidence. It is the policy of Mitchell Community College not to discriminate against any person on the basis of race, color, handicap, sex, religion, or national origin in the recruitment and admission of students.

REQUIRED—Must provide to complete the admissions process
Residency Certification (RCN) # _____
 To obtain your RCN, visit www.ncresidency.org

Military Service

Are you a veteran? Yes No Are you eligible for VA education benefits? Yes No
 Are you Active Duty Military Military Dependent Neither

Plan to attend	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employment status (<i>Check one.</i>)		
<input type="checkbox"/> Retired	<input type="checkbox"/> Employed 21-39 hours per week	<input type="checkbox"/> Unemployed, seeking employment
<input type="checkbox"/> Employed 1-10 hours per week	<input type="checkbox"/> Employed 40 or more hours per week	<input type="checkbox"/> Unemployed, not seeking employment
<input type="checkbox"/> Employed 11-20 hours per week		

High School Information

High School Last Attended	City	County	State
<input type="checkbox"/> Yes, I graduated	Graduation Date		
<input type="checkbox"/> No, I did not graduate	Last Date of Attendance		
<input type="checkbox"/> I received an Adult High School Diploma	School	State	City
<input type="checkbox"/> I received a High School Equivalency Diploma	School	State	City
<input type="checkbox"/> I am currently enrolled in High School	School	State	City
High School Track (check one)			
<input type="checkbox"/> College Prep <input type="checkbox"/> Technical Prep <input type="checkbox"/> Both <input type="checkbox"/> Unknown/NA			
Other Colleges Attended	City	State	Date Last Attended
Highest education level completed (<i>Check one.</i>)			
<input type="checkbox"/> 8	<input type="checkbox"/> 11	<input type="checkbox"/> 13 Adult High School Diploma	<input type="checkbox"/> 16 Bachelor's Degree
<input type="checkbox"/> 9	<input type="checkbox"/> 12	<input type="checkbox"/> 14 Post High School Vocational	<input type="checkbox"/> 17 Master's Degree or Higher
<input type="checkbox"/> 10	<input type="checkbox"/> High School Equivalency Diploma	<input type="checkbox"/> 15 Associate Degree	
Name of person to contact in case of emergency			Phone

I hereby certify that the information I have given is true to the best of my knowledge. I further understand that falsification or failure to supply the correct information may be considered grounds for rejection or dismissal.

*Applicant Signature _____ Date _____

***Applicant signature REQUIRED**

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