

Application for Admission

WILSON COMMUNITY

COLLEGE

Curriculum Programs

College Transfer *Enter the program code and title on the next page under Enrollment Information. See a counselor for more information.*

Code	Title
A10100	College Transfer - Associate of Arts
A10400	College Transfer - Associate of Science
D10100	Transfer Core Diploma

Associate Degrees

Code	Title
A25100	Accounting
A25120	Business Administration
A25260	Computer Information Technology
A55180	Criminal Justice Technology
A55220	Early Childhood Education
A35220	Electrical/Electronics Technology
A55240	Fire Protection Technology
A10300	General Education (Pre-Allied Health)
A55280	General Occupational Technology
A25270	Information Systems Security
A55300	Interpreter Education
A40320	Mechanical Engineering Technology
A25310	Medical Office Administration
A25340	Networking Technology
A45110	Nursing - Associate Degree
A25370	Office Administration
A25380	Paralegal Technology
A55440	School - Age Education
A45740	Surgical Technology

Transfer Agreements

General requirements offered at Wilson Community College.
Program courses offered and degrees awarded at another community college.

Code	Title
A20100	Biotechnology (Pitt CC)
A20180	Biopharmaceutical (Wake TCC)
A25450	Simulation and Game Development (Wake TCC)

Diplomas

Code	Title
D35100	Air Conditioning, Heating & Refrigeration Technology
D55140	Cosmetology
D35220	Electrical/Electronics Technology
D35240	Heavy Equipment Operator
D60240	Heavy Equipment and Transport Technology (Diesel)
D40320	Mechanical Engineering Technology
D45660	Practical Nursing Education
D45740	Surgical Technology
D50420	Welding Technology

Certificates

Code	Title
C35100	Air Conditioning, Heating & Refrigeration Technology
C55120	Basic Law Enforcement Training
C25120A	Business Administration - Management
C45180	Central Sterile Processing
C25260F	Computer Information Technology - A+ Certification Prep
C55140	Cosmetology
C55220F	Early Childhood - Administration
C55220D	Early Childhood - Childcare
C55220E	Early Childhood - Elementary School-Age
C55290	Early Childhood - Infant/Toddler Care
C35220M	Electrical - Motor Controls
C35220R	Electrical - Residential Wiring
C55240B	Fire Protection - Basic Fire Officer Development
C55240A	Fire Protection - Advanced Fire Officer Development
C35240	Heavy Equipment Operator
C60240	Heavy Equipment and Transport Technology (Diesel)
C25270C	Information Systems Security - Security + Certification Prep
C55300	Interpreter Education - Deaf Studies
C55430	Lateral Entry
C40320	Mechanical Engineering Technology-CAD
C25340D	Networking Technology - CISCO Networking
C25370E	Office Administration - Administrative Assistant
C25370B	Office Administration - Computer Software Applications
C50420A	Welding - Advanced
C50420B	Welding - Basic
C50420I	Welding - Intermediate
A90010	Undecided

Application Process

1. Complete the application for admission and return it to the Admissions Office. To be eligible for admittance to most curriculums, you must be a high school, GED, or Adult High School graduate. Exceptions can only be made by the Dean of Student Services.
2. Have official transcripts of all high school and postsecondary (college) work sent to the Admissions Office. Check with the sending school to see if they charge transcript fees. Official transcripts are not required for Special Credit students.
3. Complete the college placement test. Testing is used to place students in math, reading, and grammar courses. Placement testing may be waived after a review of official college transcripts received from other colleges. Placement testing is not required in some certificate level programs. For further information or to schedule the test, call (252) 246-1285 or (252) 246-1276.
4. When your file is complete with application, transcripts, and test scores, we will contact you to schedule an admissions interview.

Transcript Request

(Send the form below to the school from which you are requesting transcripts)

I have applied for Admission to Wilson Community College. Please forward my official transcript to:

Admissions Office • Wilson Community College • Post Office Box 4305 • Wilson, North Carolina 27893-0305

School attended: _____ Dates attended: _____

Name as it should appear on your records: _____
First Middle/Former Last

I certify that you may release my educational records to Wilson Community College _____
Signature Required

My current mailing address: _____

Birth Date: ____/____/____ Social Security Number: _____ Telephone: (____) _____
month day year

General Information

Last Name _____ First Name _____ Middle Name _____ Former Name _____ Address _____ City _____ State _____ Zip _____ County of legal residence (If out of N.C., list state or foreign country) _____	Jr. / Sr. / III (circle if needed)	Phone: (_____) _____ Home (_____) _____ Business Birth date: _____ / _____ / _____ month day year Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female E-mail Address: _____ Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino Race: (check one or more) <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 other Pacific Islander <input type="checkbox"/> White
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Enrollment Information

Entry Year 20____ and Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Attendance <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Distance Program title for which you are applying _____ _____ _____ Program Code (see chart on left) _____ Enrolling as <input type="checkbox"/> Freshman <input type="checkbox"/> Transfer <input type="checkbox"/> Returning Wilson Community College student _____ year last attended Long term goal at Wilson Community College (check one) <input type="checkbox"/> To obtain an Associate Degree, Diploma or Certificate <input type="checkbox"/> To enhance job skills in present field of work <input type="checkbox"/> To enhance employment skills for a new field of work <input type="checkbox"/> To take courses to transfer to another college <input type="checkbox"/> To take courses for personal enrichment or interest	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what country? _____ _____ Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Non U.S. Citizen If not a U.S. Citizen, complete the following: Resident Alien Card Number: _____ Issue Date: _____ / _____ / _____ month day year Non Immigrant Visa Type: _____ _____ Issue Date: _____ / _____ / _____ month day year
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Residency Information

Are you a North Carolina resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your county of residence? _____ In what state do you pay State Income tax? _____ Enter your drivers license number _____ In what state was your drivers license issued? _____	Have you lived in N.C. for at least twelve (12) months? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, where else have you lived in the past (12) months? _____ Are you Active Duty Military or a Military Dependent? <input type="checkbox"/> Active Duty Military <input type="checkbox"/> Military Dependent <input type="checkbox"/> Neither
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Employment Status & Contact Information

<input type="checkbox"/> Retired <input type="checkbox"/> Unemployed not seeking employment <input type="checkbox"/> Unemployed seeking employment <input type="checkbox"/> Employed 1-10 hours per week <input type="checkbox"/> Employed 11-20 hours per week <input type="checkbox"/> Employed 21-39 hours per week <input type="checkbox"/> Employed 40 or more hours per week	Name and address of person to contact in case of emergency: _____ _____ Relationship _____ Phone: (_____) _____
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Social Security Number

Social Security Number _____ - _____ - _____ Full Name: _____
Statement of Purpose: This number is collected for Financial Aid and Federal Reporting purposes. The College takes our custodial responsibility for maintaining personally identifiable information very seriously. In order to comply with the provisions of the Identity Theft Protection Act of 2005, the College provides the following information on the collection and use of personally identifiable information. <ul style="list-style-type: none">• In order to maintain the integrity of academic records it is necessary to collect personally identifiable information for positive identification of students and to make the connection between students and their academic records.• Once personally identifiable information has been collected, its use will be limited to that same identification and connection to records.

Educational Information

High School last attended _____ City _____ County _____ State _____ <input type="checkbox"/> Yes, I Graduated Graduation Date: _____ / _____ / _____ (month / day / year) <input type="checkbox"/> No, I did not Graduate Last date of attendance: _____ / _____ / _____ (month / day / year) <input type="checkbox"/> I earned my Adult High School Diploma at: School Name _____ City _____ State _____ Date Received: _____ / _____ / _____ (month / day / year) <input type="checkbox"/> I earned my GED at: School Name _____ City _____ State _____ Date Received: _____ / _____ / _____ (month / day / year) <input type="checkbox"/> I am currently enrolled in high school at: School Name _____ City _____ State _____ Expected date of graduation: _____ / _____ / _____ (month / day / year)	What type of high school courses did you take? <input type="checkbox"/> College Prep <input type="checkbox"/> Tech Prep <input type="checkbox"/> General/Career Prep Other college(s) attended: College _____ City _____ State _____ Date Last Attended: _____ / _____ / _____ (month / day / year) College _____ City _____ State _____ Date Last Attended: _____ / _____ / _____ (month / day / year) College _____ City _____ State _____ Date Last Attended: _____ / _____ / _____ (month / day / year) Highest educational level completed (check one) <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED <input type="checkbox"/> 13 Adult High School Diploma <input type="checkbox"/> 14 Post High School Vocational <input type="checkbox"/> 15 Associate Degree <input type="checkbox"/> 16 Bachelor's Degree <input type="checkbox"/> 17 Master's Degree or Higher
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Required Signature

1. Information supplied on this application is in no way used as a criterion for admission. It is used for institutional statistical purposes and is held in strict confidence. It is the policy of Wilson Community College not to discriminate against any person on the basis of race, color, handicap, sex, religion, age or national origin in the recruitment and admission of students. If there are any changes in the information provided on this application, please notify the registrar's office.

2. It is the intent of the College that all courses be accessible to all qualified students. It is the student's responsibility to make his or her disability known sixty days prior to enrollment. The student must request academic or other reasonable accommodations by contacting the Special Populations Counselor.

3. Certain programs lead to licensure by the state through statewide examinations. State examiners may not allow a student to take the exam or become licensed if that student has been convicted of a felony.

4. The completion/graduation rate information is available upon request in the Student Services office. The Crime Awareness Security information is available upon request in the Business Office.

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SUBMITTING FALSE INFORMATION MAY BE GROUNDS FOR DISMISSAL. I UNDERSTAND THE INFORMATION CONTAINED IN THIS APPLICATION AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COLLEGE.

Applicant's signature

Signature of parent or guardian if applicant is under 18

_____/_____/_____
month / day / year

_____/_____/_____
month / day / year

Be sure to have all your transcripts sent to Wilson Community College.

**Tear off this entire sheet and mail to the ADMISSIONS OFFICE at
 WILSON COMMUNITY COLLEGE
 902 Herring Ave. (27893-3310) • P.O. Box 4305, Wilson, NC 27893-0305
 Phone (252) 246-1285 or (252) 291-1195 • Fax (252) 246-1384 • www.wilsoncc.edu**