

NORTH CENTRAL MISSOURI COLLEGE

Student Re-Admission Form

1301 Main Street
Trenton MO 64683

www.ncmissouri.edu

(660) 359-3948
ext. 206

Returning students (does not include high school dual credit) who last attended North Central Missouri College a minimum of 5 years ago must complete the Student Re-Admission Form.

OR

Students who were accepted for admission in a previous academic year, but did not attend, must also complete the Student Re-Admission Form.

Social Security Number: _____ Term you plan
to return to
NCMC _____
NCMC Student ID Number: _____
(optional)

Legal Name: _____
Last Name First Name Middle Initial

Prior Last Name (s): _____

Home Phone: _____ Work Phone: _____
Area Code/Number Area Code/Number

Address: _____
(P.O. Box or Street) (City) (State) (Zip)

E-mail Address: _____

Birth Date: ____/____/____ Marital Status: Married____ Single____
mm/dd/year

Residence Status: (check one)

Trenton R-IX District____ Missouri Resident____ Out of State/International____
(Students who have changed citizenship since last attendance must provide proof to Registrar's Office)

Primary Ethnic Origin: (check one)

____ White (Non-Hispanic) ____ Hispanic ____ American Indian
____ Black (Non-Hispanic) ____ Oriental (Asian) ____ Other

Universities, Colleges & Vocational Technical Schools Attended:

(Please request that each institution send an official transcript directly to NCMC. Hand carried copies will not be accepted.)

University/College/Vo-Tech	City & State	Approx. Attendance Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently suspended, dismissed, or on academic probation from any college or university?
____ Yes ____ No

My NCMC enrollment plans are: (check one)

____ Complete courses for personal/professional interest only

____ Complete an Associate in Arts degree (62 credits,transfer)

____ Complete an Associate in Applied Science degree (60 or more credits) in:

Career Program_____

____ Complete a Career Program certificate (30 - 40 credits) in:

Career Program_____

Security Questions:

The following information may be used in the future to screen phone or e-mail inquiries from you pertaining to confidential information.

Mother's Maiden Name: _____

Your Birth City: _____

Emergency Contact Information:

Name:_____

Home Phone:_____ Area Code/Number

Work Phone:_____ Area Code/Number

I hereby certify that, to the best of my knowledge, the information on this form is true and complete without evasion or misrepresentation.

I understand that if found otherwise, it is sufficient cause for rejection or dismissal with forfeiture of all my fees and/or deposits. Further,

I agree to accept and abide by all rules, regulations and policies established by the Board of Trustees of North Central Missouri College.

I agree to provide official transcripts from all colleges and universities attended prior to enrollment at NCMC.

Student Signature: _____ (Legal Name)

Date: _____ mm/dd/year

Please return form to: Registrar's Office
North Central Missouri College
1301 Main Street
Trenton MO 64683

Re: 07/2006