

East Arkansas Community College Admissions

All students must provide college and high school transcripts. All full-time students born after 1/1/57 must provide proof of immunity against measles and rubella no later than 30 days after classes begin. This is a state law and is strictly enforced by EACC.

1700 Newcastle Road, Forrest City, AR 72335-2204 - Phone: 870-633-4480, Ext. 300

(Please Print)

Date of Application (month) _____ (day) _____ (year) _____

Soc. Sec. No. _____

Last Name _____

First Name _____

Middle Name _____

Previous Name(s) _____

Address _____

City _____

County _____

State _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-mail Address _____

Please check the semester
you plan to attend EACC

Fall Yr _____

Spring Yr _____

Summer Yr _____

Mail to:

East Arkansas Community College

Admissions Office

1700 Newcastle Rd.

Forrest City, AR 72335-2204

In case of emergency, notify:

Name: _____

Phone: _____

Residency

Are you a resident of St. Francis County? Yes No

If "Yes", have you lived in St. Francis County for the past 6 months? Yes No

If "no", list county and/or state where you were living. _____

Demographic Information (For Statistical Purposes Only — Not Used in Admissions Decision.)

Check appropriate responses.

Ethnic Information:

Hispanic

White

Asian/Pacific Islander

Black, Non Hispanic

Non Resident Alien

American Indian or Alaskan Native

Birth date: Month _____ Day _____ Year _____ Sex: Male Female

U.S. Veteran (Y/N) _____ Have either of your parents obtained a bachelor's degree? Yes No

Are you a U.S. Citizen? _____ If no, what is the country of your citizenship? _____

Non U.S. Citizens Only:

What is your native language? _____

Country of Birth _____

Permanent Resident/Immigrant Alien Registration Number _____

Non-Immigrant F-1 student visa INS admissions number _____

Check the type of visa you currently hold:

Permanent Resident/Immigrant Alien (Registration Number) _____

Non-Immigrant F-1 student visa (INS Admissions Number) _____

Other classification (list type, i.e. refugee, visitor, diplomat, spouse, student, etc.) _____

Month/Day/Year of Visa Expiration _____

Have you taken the Test of English as a Foreign Language (TOEFL) yes no

Date Taken _____ Score _____

Test Scores Provided EACC: (Check appropriate response.)

ACT

SAT

ASSET

COMPASS

Please submit official scores to the Office of Admissions.

High School Information

It is the student's responsibility to have transcripts sent to the College.

High School Attended _____ Date of Graduation (or expected graduation) _____

City _____ State _____

GED completed (Y/N) _____ State awarded _____

Date GED completed _____

No High School Diploma or GED _____

Educational Information

Academic Objective (check one)

Degree from EACC

Transfer to 4-year institution

Technical Certificate

Courses Only (Special)

Transient (one semester only)

Tech Prep Program

Early Entry (High School Student)

Will you be a full-time or part-time student? _____

If pursuing a degree or certificate from EACC, please complete the following.**Degrees and Certificates of Proficiency — check one and specify major**

Associate of Arts (specify area of concentration) _____

Associate of Applied Science (specify major) _____

Technical Certificate (specify major) _____

Previous College Attendance (Official Transcripts Must Be Submitted)

It is the student's responsibility to have transcripts sent to the College.

School or Institution	City/State	Dates of Attendance	Sem. Hrs. Attempted	List Degrees Earned

Are you on Academic or Disciplinary Suspension from any of the above? _____

Certification

I certify that to the best of my knowledge the answers I have given are truthful, complete, and current.

(Signature) _____ (Date) _____