



# Application for Readmission

## Your Potential...Our Future

### CLERY ACT ANNUAL PUBLICATION NOTICE—OCTOBER 1, 2008

In accordance with the Jeanne Clery Disclosures of Campus Security and Campus Crime Statistics Act (more commonly known as the Clery Act), Greenfield Community College publishes an annual report that includes statistics for the previous three calendar years concerning crimes that occurred on college property and on public property immediately adjacent to, and accessible from, the campus. This report also includes institutional policies concerning campus safety and security matters.

The 2008 report is accessible at [www.gcc.mass.edu/offices/safety/Clery.html](http://www.gcc.mass.edu/offices/safety/Clery.html) as of September 30, 2008. A printed copy of the report is available at Public Safety, Human Resources, Student Affairs, Enrollment Services (N219) and the Downtown Center. To have a copy of the report mailed to you, contact GCC Public Safety at (413) 775-1212.

In accordance with application provisions of Chapter 15A of the General Laws, all education programs, college sponsored activities, college tuition, fees and related charges are subject to change upon approval by the Board of Higher Education or the Greenfield Community College Board of Trustees.

It is the policy of Greenfield Community College to prohibit unlawful discrimination on the basis of race, ancestry, color, gender, religion, ethnic or national origin, age, personal disability, veteran status, social class, or sexual orientation. The college operates under an affirmative action plan and encourages underrepresented individuals to apply, both in terms of employment and to all the rights, privileges, programs, and activities generally accorded or made available to its students. This policy is in compliance with all applicable federal, state and local statutes, ordinances and regulation. All inquiries concerning the above should be directed to the College's Director of Admission at (413) 775-1901 or Dean of Student Affairs at (413) 775-1816.

## Greenfield Community College

Our academic programs enable you to transfer to pursue a bachelor's degree or to enter a variety of careers upon graduation.

### Associate of Arts Degree Programs

- ◆ Business Administration Transfer (BAT) ①
- ◆ Liberal Arts ①  
*All of the following are Liberal Arts Programs. You may earn only one degree from the list below. (Your diploma will read "Liberal Arts")*
  - ◆ American Studies (LAS)
  - ◆ Art (LAA)
  - ◆ Computer Science (LCS)
  - ◆ Dance (LAD)
  - ◆ Economics (LES)
  - ◆ Education (LEO)
  - ◆ English (LAE)
  - ◆ Environmental Studies/ Human Ecology (LEH)
  - ◆ Environmental Studies/ Natural Resources (LEN)
  - ◆ Food Science (LFO)
  - ◆ General (LIB)
  - ◆ Healing Arts (LHA) ②
  - ◆ Health Fitness and Wellness (LHF)
  - ◆ Health Sciences (LAH)
  - ◆ Human Services (LHS)
  - ◆ International Studies (LIS)
  - ◆ Math-Science (LMO)
  - ◆ Music (LMU)
  - ◆ Peace and Social Justice (LPJ)
  - ◆ Renewable Energy (LRE)
  - ◆ Science-Math Education (LSM)
  - ◆ Social Sciences (LSS)
  - ◆ Theater (LAT)
  - ◆ Women's Studies (LWS)

### Associate of Science Degree Programs

- ◆ Accounting (ACC)
- ◆ Art/Fine Art (AFA)
- ◆ Art/Fine Art (AFC) ①
- ◆ Art/Media Arts (AMP)
- ◆ Art/Media Arts (AMC) ①
- ◆ Computer Information Systems (CIS)
- ◆ Criminal Justice (CRJ)
- ◆ Criminal Justice (CJC) ①
- ◆ Early Childhood Education (ECE) ①
- ◆ Engineering Science (EGS)
- ◆ Fire Science Technology (FST)
- ◆ Management (MAN)
- ◆ Marketing (MKT)
- ◆ Nursing (NUR) ③
- ◆ Occupational Technology (OCC) ④
- ◆ Office Management (OMN)

### Certificate Programs

- ◆ Digital Media (DME)
- ◆ Early Childhood Education (LEC) ⑤
- ◆ Environmental Studies/ Natural Resources (NRC)
- ◆ Entrepreneurship (ENT)
- ◆ Human Services (HSV)
- ◆ Massage Therapy (MTC) ③
- ◆ Office Assistant (OFF)
- ◆ Outdoor Leadership (OLP) ⑥
- ◆ Paramedic (PMC) ③
- ◆ Practical Nursing-L.P.N. (PNC) ③
- ◆ Real Estate (RST)
- ◆ Renewable Energy/ Energy Efficiency (REE)

### Programs in Collaboration with Neighboring Community Colleges

- ◆ Pharmacy Technology
- ◆ Physical Therapy Assistant
- ◆ Radiologic Technology Program

① Meets Commonwealth Transfer Compact requirements.  
 ② Applicants must be graduates of the Stillpoint Center School of Massage, Inc. or the MTC program at GCC.  
 ③ Program requires a different admission process. Please call the Office of Admission at (413) 775-1802 for more information.  
 ④ Program requires a different admission process. Please call the Office of Admission at (413) 775-1801 for more information.  
 ⑤ These programs are not eligible for federal and state financial assistance.  
 ⑥ Program requires a different admission process. Please call the Outdoor Leadership Program at (413) 775-1126 for more information.

#### Office Use Only

Source \_\_\_\_\_ Date \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Init \_\_\_\_\_

Review

Probation

# In-State Tuition Eligibility Form

## Massachusetts Community Colleges In-State Tuition Eligibility Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SSN# or Student I.D. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No. If not please complete the following:

Are you a Permanent Resident?  Yes  No. (If yes, list alien registration number: \_\_\_\_\_)

If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status in detail: \_\_\_\_\_

### Please check the in-state or reduced tuition eligibility category that applies to you:

I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I shall present to the institution upon request. These documents\* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. **Please check-off those documents you possess as proof of your intent to remain in Massachusetts.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Valid Driver's license                                 | <input type="checkbox"/> Utility bills*                | <input type="checkbox"/> Employment pay stub*       |
| <input type="checkbox"/> Valid Car registration                                 | <input type="checkbox"/> Voter registration*           | <input type="checkbox"/> State/Federal tax returns* |
| <input type="checkbox"/> Mass. High School Diploma                              | <input type="checkbox"/> Signed lease or rent receipt* | <input type="checkbox"/> Military home of record*   |
| <input type="checkbox"/> Record of parents' residency for unemancipated person* | <input type="checkbox"/> Other _____                   |   |

I am an eligible participant in the New England Board of Higher Education's Regional Student Program.

I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

### Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission, or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

(Applicant is Under 18 Years Old)

### FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX

I have reviewed the above information in order to determine this individual's eligibility to receive the in-state tuition rate. Based on my review I have determined that this individual:

- IS eligible for the in-state tuition rate.
- IS NOT eligible for the in-state tuition rate.
- I am unable to make a determination at this time. The following additional information has been requested from the applicant: \_\_\_\_\_

Authorized College Personnel: \_\_\_\_\_ Date \_\_\_\_\_

# Application for Readmission

Student ID# or SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date you last attended: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle (Former Last)

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

Permanent Address \_\_\_\_\_  
Number and Street City/Town State Zip

Mailing Address (if different) \_\_\_\_\_  
Number and Street City/Town State Zip

E-mail: \_\_\_\_\_ I expect to enter GCC:  September, \_\_\_\_\_  January, \_\_\_\_\_  
year year

### Citizenship Status

- |  |   |
|--|---|
| <input type="checkbox"/> U. S. Citizen   | <input type="checkbox"/> International Student (Please contact the Office of Admission at [413] 775-1840 for information and documentation requirements.) |
| <input type="checkbox"/> Permanent Resident or Refugee<br>(Copy of Alien Registration card or I-94 required) | <input type="checkbox"/> Non-resident of the United States  |

Are you Hispanic/Latino?  yes  no

### Please select one or more races:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native         | <input type="checkbox"/> Asian        |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Cape Verdean |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White        |

### Who should we contact in case of an emergency?

Name \_\_\_\_\_  
Last First Middle

Contact person's telephone number(s): first choice ( ) \_\_\_\_\_ - \_\_\_\_\_ second choice ( ) \_\_\_\_\_ - \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### Educational Goals (check all that apply)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Complete an associate degree        | <input type="checkbox"/> Complete a certificate | <input type="checkbox"/> Transfer to a 4-year college or university | <input type="checkbox"/> Update job-related skills |
| <input type="checkbox"/> Self-improvement/personal enjoyment | <input type="checkbox"/> Change careers         | <input type="checkbox"/> Not sure at this time                      |  |
| <input type="checkbox"/> Other, please specify _____         |   |   |  |

Program applying to: \_\_\_\_\_ Program you were in when last attended: \_\_\_\_\_

Do you have a high school diploma or GED?  High School Diploma  GED

### Post-Secondary Education

If you have attended other colleges since your last attendance at GCC, and you would like your transcripts reviewed for possible credit, please list those institutions. (It is your responsibility to request that official transcripts be sent to our Office of Admission)

Institution Name	City/State

I understand that concealment of facts or untruthful statements may result in my application being withdrawn or cause me to be dismissed from Greenfield Community College. The information I have provided is true and correct to the best of my knowledge.

Applicant's Signature

Date