APPLICATION FOR ADMISSION

WWW.WCCCD.EDU • 313-496-2600

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MISSION STATEMENT

Wayne County Community College District's mission is to empower individuals, businesses, and communities to achieve their higher education and career advancement goals through excellent, accessible, culturally diverse, and globally competitive programs and services.

APPLYING FOR ADMISSION

Wayne County Community College District is an open admission institution and automatic for those who are 18 or years of age or older. Admission to specific programs is not automatic. For further information, please visit www.wcccd.edu or contact the Office of Admissions at 313-496-2600. If you are applying for financial aid to assist you in covering the cost of attendance, to be eligible for aid you must have a high school diploma or General Education Development (GED) Certificate. See our financial aid website for additional information.

For high school students under 18 years of age, the approval of a parent or guardian or the high school principal or counselor is required on the "Dual Enrollment" form. These forms are available at the Office of Admissions and Records at each campus.

Persons under age 16 must re-apply and be approved each semester for which they intend to enroll regardless of previous enrollments. Applications for persons under the age of 16 must be submitted to the District Office of Student Services, 801 W. Fort St., Detroit, MI 48226.

*Dual Enrollment classes may be available at no cost to the high school student who qualifies under the State School Aid Act, PA.148, Section 216. Students should contact their high school principal or counselor for information.

PROGRAM ADMISSION

Certain programs at the District have prerequisite courses and other criteria required for admission. In addition to meeting the official admissions/registration program requirements, students are required to apply for official program admission to their program of study. Students must complete an official Program Admission Form that may be obtained from the campus Student Services Office, the Office of Admissions or from the Campus Academic Officer. Additionally, to register for courses in technical degrees and certificate programs, except for specified introductory courses, students must have applied for and been accepted through the formal program admission process as specified in the District Catalog. Contact the Office of Admissions for specific program admission instructions.

For consideration of admission into ALL Allied Health programs, application deadlines are:
May 15th for Fall and September 15th for Spring semesters.

Please Note: All students re-admitted to WCCCD after missing four or more consecutive regular semesters will be responsible for the curricula and regulations published in the current catalog and other official publications which are in effect at the time of their re-admission. In certain cases, dates of program admission may take precedence over dates of District admission for purpose of meeting program requirements for graduation.
**APPLICATION FOR ADMISSION**

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**LAST**

**CURRENT ADDRESS AND PHONE NUMBERS**

**NUMBER & STREET**

**CITY**

**STATE**

**ZIP CODE**

**HOME TELEPHONE NUMBER**

**E-MAIL ADDRESS**

*This section is optional and will not be considered in determining admissibility. Federal regulations do require WCCCD to report this.*

**SOCIAL SECURITY NUMBER**

**DATE OF BIRTH**

**GENDER**

**Are you a veteran?** ☐ Yes ☐ No

**V.A. certificate#** ____________________

**ETHNIC CATEGORY:**

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Select one or more races to indicate what you consider yourself to be:

☐ African

☐ African American

☐ American Indian/Alaskan Native

☐ Arabic

☐ Asian/Pacific Islander

☐ Caucasian

☐ Hawaiian/Pacific Islander

☐ Other

☐ No response

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**Are you a resident in the WCCCD District?** ☐ Yes ☐ No

**County of residence** ____________________

**How long have you lived there?** ____________________

**RESIDENCY**

Students residing in the College District will be charged resident tuition rates. The College District is defined as the whole of Wayne County with the exception of the following cities and townships: Dearborn, part of Dearborn Heights, Garden City, Highland Park, Livonia, Northville, Plymouth and part of Canton Township. Residency will be verified by voter registration card, driver's license, tax or rent receipts, or state identification card.

**Are you a U.S. Citizen?** ☐ Yes ☐ No

**Are you a permanent resident?** ☐ Yes ☐ No

**Country of Citizenship** ____________________

**Country of Birth** ____________________

**Type of Visa** ____________________

**Date of Visa** ____________________

**Visa #** ____________________

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If you are a Naturalized U.S. Citizen, submit a photocopy of your Alien Registration Card with this application.
STUDENT TYPES

Check all boxes that apply

☐ New Student □ Guest Student □ Virtual Learning Collaborative
☐ Returning Student □ Transfer Student □ Tech Prep
☐ Virtual Learning Collaborative □ Dual Enrollment

When do you plan to enroll? □ Summer 20 ____ □ Fall 20 ____ □ Spring 20 ____

Preferred Campus □ Downriver Campus □ Downtown Campus □ Eastern Campus
☐ Northwest Campus □ Ted Scott Campus □ Mary Ellen Stempfle University Center

Preferred Program ____________________________________ □ Associate Degree
□ Certificate □ Selected Courses Only

PRIOR ACADEMIC HISTORY

List the last or current high school attended and all colleges, universities or other post-secondary educational programs attended.

<table>
<thead>
<tr>
<th>NAME(S) OF HIGH SCHOOL(S), COLLEGE(S) OR GED CENTER (Attach additional sheets if necessary)</th>
<th>MONTH</th>
<th>GRADUATION DATE</th>
<th>YEAR</th>
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<tbody>
<tr>
<td>Did you graduate from high school? ☐ Yes ☐ No</td>
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<tr>
<td>Name of High School</td>
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<td>City and State</td>
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<td>GED ☐ Yes ☐ No</td>
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<td>Did you take Tech Prep classes in high school? ☐ Yes ☐ No</td>
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<td>If yes, which center?</td>
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<td>College/University</td>
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<td>Name of College or University</td>
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<td>City and State</td>
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</table>

STUDENT’S SIGNATURE

I certify that all information on this form is complete and accurate. I understand that falsifying any part of this application may result in cancellation of admission, registration or both. If admitted to Wayne County Community College District, I will become knowledgeable of all College policies and regulations and will abide by them.

Student's signature __________________________________ Date __________________________

NOTICE OF NON DISCRIMINATION - Any questions concerning Title IX of the Education Amendments of 1972 which prohibits discrimination on the basis of sex, or inquiries related to Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination on the basis of handicap, and inquiries related to Title II of the Americans with Disabilities Act (ADA) which provides comprehensive civil rights protection for individuals with disabilities, or the College's Statement of Compliance with Federal and State law, should be directed to Human Resources, Wayne County Community College District, 801 W. Fort, Detroit, MI 48226 or by calling: 313-496-2765.

Form 101 - 9/93, 4/94, 3/96, 7/99, 2/00, 11/03, 5/06 - 5000HDM, 7/08, 10/2009, 8/2018