



**Student Information**

Name \_\_\_\_\_  
Last First Middle Social Security Number

List all previous names \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip County

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Gender:  Male  Female E-mail \_\_\_\_\_

Have you resided in Ohio for the past 12 months?  Yes  No, previous state: \_\_\_\_\_

What is your country of citizenship?  U.S.  Other, please specify: \_\_\_\_\_

**Enrollment Information**

Planned session of enrollment:

Fall (August)  Spring (January)  Summer (May) Year \_\_\_\_\_

Admission Status (check all that apply):

- First time at Zane State College (after high school graduation)
- Transferring to Zane State College from another college or university
- Transient student, enrolled and returning to another college

I will be attending (select one):

Full-time  Part-time

Goal of Enrollment (select one):

Associates Degree  Certificate  Non-Degree Seeking

My planned program of study is: \_\_\_\_\_

Reason for Attending (check all that apply):

- To earn an associate degree
- To earn a one-year certificate
- Taking select courses to transfer to another college
- To earn an associate degree and then transfer to another college
- Taking courses for personal interest
- Taking select courses to improve job qualifications
- Taking select courses for high school graduation

**Office Use Only**

Entered by \_\_\_\_\_

Student I.D.# \_\_\_\_\_

