

Career Advantage Class Schedule Form

Use **black** ink and complete all information requested on this form.

PART 1 – PERSONAL INFORMATION

PRINT legal name as printed on birth certificate

Name _____
Last First Middle

Address _____
City State Zip Code

Home Phone: () _____ Cell: () _____ Email: _____

Grade Level: Senior Junior Sophomore Freshman Home High School _____ Code _____

PART 2 – IDENTIFYING INFORMATION

SS# _____ Birth Date _____ Male Female
Month Day Year

PART 3 – ETHNIC/RACE/RESIDENCY INFORMATION

Are you a U.S. Citizen? Yes No If no, what is your country of origin? _____

Are you Hispanic/Latino? Yes No Which race are you? (You may check more than one)
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

PART 4 – PERSONAL BACKGROUND (Required for state reporting purposes only)

Are you a single parent? Yes No Did either of your parents attend college? Yes No

Is English your first (native) language? Yes No

PART 5 – CLASS SCHEDULE INFORMATION Semester: Fall Spring Year: _____

CRN	Subject	Course #	Course Title	Credit(s)	Time

PART 6 – AUTHORIZATION FOR REGISTRATION

I understand that I am enrolling in a DMACC credit course(s). An official DMACC transcript will be generated and become a part of my permanent academic record.

Student's Signature _____ Date _____