



CHESAPEAKE COLLEGE ADMISSIONS APPLICATION
 P.O. Box 8, Wye Mills, MD 21679 Web address: www.chesapeake.edu
 (410) 822-5400; 758-1537; 228-4360 Fax #: 410-827-5878 TTY Users: Call via Maryland Relay

FOR OFFICIAL USE ONLY
Date: _____ Semester: _____
Stud. ID #: _____

Please print clearly. Use black or blue ink. Check the appropriate boxes and complete entire application. No application fee is required. Please return completed application to: *Chesapeake College, Office of Admissions, P.O. Box 8, Wye Mills, MD 21679.* Disability Services may be available. Please contact our ADA Coordinator at 410-827-5805 to determine eligibility of services.

PERSONAL INFORMATION

Social Security Number:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																					Social Security numbers are used by the College to ensure the integrity of student records and to meet federal government reporting requirements. They are also needed for Scholarships and Financial Aid.
Last Name (Legal):	First Name:	Full Middle Name:																				
Other Names (i.e. maiden):	Date of Birth: <i>(month/day/year)</i>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				
Current Address																						
Street Number and Name/Apt. # : _____		P.O. Box #: _____																				
City: _____	State: _____	Zip Code: _____																				
How long have you lived at your current address?																						
<input type="checkbox"/> Less than 3 months		<input type="checkbox"/> 3 months or more																				
If less than 3 months, list previous address:																						
Street Number and Name/Apt. # : _____		P.O. Box #: _____																				
City: _____	State: _____	Zip Code: _____																				
Length of time at previous address:																						
Months:	Years:																					
Phone Numbers:																						
Home: _____ - _____ - _____																						
Cell: _____ - _____ - _____ Text Messaging: Yes ___ No ___																						
Email: _____																						
I certify that the following information is correct and complete to the best of my knowledge:																						
I am a dependent of and live with my parent(s) or guardian(s) at the Current Address given above. <input type="checkbox"/> Yes <input type="checkbox"/> No																						
I was claimed by my parents in the previous tax year. <input type="checkbox"/> Yes <input type="checkbox"/> No																						
If yes, what is their legal state of residence? _____		If Maryland, what county? _____																				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female																						
County of Residence:																						
<input type="checkbox"/> 005 Caroline	<input type="checkbox"/> 017 Queen Anne's	<input type="checkbox"/> Other MD County (write below): _____																				
<input type="checkbox"/> 009 Dorchester	<input type="checkbox"/> 020 Talbot																					
<input type="checkbox"/> 014 Kent	<input type="checkbox"/> 040 Out-of-State	<input type="checkbox"/> 099 Out-of-Country																				
Academic Goal – Please select a statement that most closely corresponds to your primary reason for attending Chesapeake College.																						
<input type="checkbox"/> 1. Exploration of a new career or academic area																						
<input type="checkbox"/> 2. Preparation for immediate entry into a career																						
<input type="checkbox"/> 3. Preparation for immediate transfer for a four year institution																						
<input type="checkbox"/> 4. Preparation for a job I currently hold																						
<input type="checkbox"/> 5. For interest and self-enrichment																						
<input type="checkbox"/> 6. Visiting Student																						

ETHNICITY INFORMATION

The following information is gathered for purposes of meeting state and federal agency requirements. This information is not used for admission to Chesapeake College.

Part 1: Please select the group which most closely represents you: Hispanic/Latino (HIS) Non-Hispanic/Latino (NHS)

Part 2: Please select one or more of the following groups which most closely represents you:

- American Indian or Alaska Native (AN)
 Asian (AS)
 Black or African American (BL)
 Native Hawaiian or Other Pacific Islander (HP)
 White (WH)

MILITARY STATUS

Are you a veteran or a dependant (including spouse) of a veteran? No Yes If yes, check one: Veteran Dependant

If you are active duty military, where are you stationed? _____ (To be considered for in-county or in-state tuition due to BRAC, you will need to provide your orders to the Registration office at the Wye Mills Campus for verification.)

CITIZENSHIP INFORMATION

CITIZENSHIP (Please check one option)

- U.S. Citizen (US)
 Permanent Resident (RA) (The applicant must present the Permanent Resident Card to the Admissions Office staff at the Wye Mills Campus for verification prior to college acceptance.) A copy of the Card will be made and included with this admissions application. In the absence of documentation, a student is charged out-of-state tuition and fees.
 Non-U.S. Citizen (NA) (If you checked Non-U.S. Citizen, you must state your country of citizenship here: _____)

Are you here on a VISA? Yes No If yes, state type of VISA: _____
VISA #: _____

To all VISA Holders: You must submit your original documentation to the Admissions Office at the Wye Mills campus for verification prior to college acceptance.

Country of Citizenship: _____

Do you plan to enroll at Chesapeake College as a visiting student and maintain an F1 status at your home school? Yes No

All VISA students must contact the Registrar at Chesapeake College for admission and enrollment information and procedures.

Application deadlines for International Students: **June 1 for the Fall semester** **November 1 for the Spring semester**

FIRST-GENERATION STUDENT INFORMATION

Your parent's educational level:	Mother	Father
▪ Less than high school	<input type="checkbox"/>	<input type="checkbox"/>
▪ Completed high school or GED	<input type="checkbox"/>	<input type="checkbox"/>
▪ Some college, but no degree	<input type="checkbox"/>	<input type="checkbox"/>
▪ Two-year college degree	<input type="checkbox"/>	<input type="checkbox"/>
▪ Four-year college degree	<input type="checkbox"/>	<input type="checkbox"/>
▪ Advanced degree (<i>Graduate or Professional</i>)	<input type="checkbox"/>	<input type="checkbox"/>
▪ Unknown	<input type="checkbox"/>	<input type="checkbox"/>

SEMESTER START STATUS

Semester/Year applied for: Fall (Aug.-Dec.) Spring (Jan.-May) Summer (June-Aug.) Winterim (Dec.-Jan) Year 20__ __

PERSONS TO CONTACT IN CASE OF EMERGENCY

Last Name: _____	First Name: _____	Middle Initial: _____
Relationship to you: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other		Phone Number: _____ - _____ - _____
Last Name: _____	First Name: _____	Middle Initial: _____
Relationship to you: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other		Phone Number: _____ - _____ - _____

Admission Status: (check one)

(FF) First-time Freshman (never attended a college/university after high school)

(HS) High School (attending while still enrolled in high school)

(ND) Non-Degree seeking (taking courses WITHOUT intention of earning a Chesapeake College degree)

(RT) Returning Student

(TR) Transfer (transferring from another college to Chesapeake)

(VS) Visiting Student (enrolled at another college and planning to transfer Chesapeake College coursework back to home institution)

Are you applying for Financial Aid? Yes No

SECONDARY SCHOOL INFORMATION

From which high school did you graduate or will you graduate? **Year of graduation:** _____

<input type="checkbox"/> 210318 Cambridge-South Dorchester	<input type="checkbox"/> 210994 Kent Island	<input type="checkbox"/> 219300 Out-of-State High School
<input type="checkbox"/> 210491 Chesapeake Christian School	<input type="checkbox"/> 210477 North Caroline	<input type="checkbox"/> 219100 Other Maryland School
<input type="checkbox"/> 210525 Colonel Richardson	<input type="checkbox"/> 210655 North Dorchester	
<input type="checkbox"/> 210490 Easton	<input type="checkbox"/> 210364 Queen Anne’s County	Please list: _____
<input type="checkbox"/> 219501 Home-Schooled	<input type="checkbox"/> 210496 Sts. Peter & Paul	
<input type="checkbox"/> 211095 Kent County	<input type="checkbox"/> 210925 St. Michaels	

Did you graduate from a local high school CTE (Career and Technology Education) Program? Yes No

GED Students: Please complete the following section.

219200 Maryland GED Year earned: _____

219400 Out-of-State GED Year earned: _____

I am interested in attending Chesapeake College, but have not graduated from a high school nor earned a GED.
 (Note: Applicants who checked the box above will not be denied admission to Chesapeake College.)

COLLEGE OR UNIVERSITY ATTENDANCE

I have earned college credit at other colleges or universities since high school graduation Yes No

AREA OF STUDY - PROGRAM/MAJOR CODE

It is important that you complete this section to ensure a correct selection of your College Major Code. **Please turn to the back page of this application and write in your three-digit Program/Major Code.** ____ ____ ____

Note: Chesapeake College reserves the right to award students all academic credentials earned, including certificates and degrees.

APPLICANT’S AGREEMENT (Please read carefully and sign)

In making this application, I accept and agree to abide by the policies and regulations of Chesapeake College. I certify that the information on this application is complete and accurate. Failure to provide accurate information, particularly in the case of residency, may be just cause for dismissal from the college. I understand that it is my responsibility to notify the Office of Registration of any change in the information contained in this application.

Applicant Signature: _____ Date: _____

AREA OF STUDY – PROGRAM MAJOR/CODE

Please circle ONE Program/Major code in the section below and write your three-digit program in the “AREA OF STUDY – PROGRAM/MAJOR CODE” section on page 3. Detailed information about programs of study, including course requirements and course descriptions, can be found in the online College catalog at www.chesapeake.edu

Any Program/Major marked with an asterisk (*) is not eligible for financial aid or pending approval for eligibility.

Accounting/Business

Accounting (410) A.A.S.
Advanced (412) Certificate
Basic (411) Certificate
Tax (413) LoR*
Business Administration (350) A.A.
Business Management Tech. (401) A.A.S.
Business Management Tech. (402) Certificate
Business Management Tech. (403) LoR*

Agriculture

Production Area of Concentration (175) A.A.S.

Landscape Studies

Landscape Architecture (390) A.S.
Landscape Management (395) A.S.

Computer Information Systems

Computer Science Technology (470) A.A.S.

Criminal Justice

Criminal Justice (602) A.A.S.
Criminal Justice (606) Certificate

Education/Teaching

Early Childhood Development (641) A.A.S.
Advanced (642) Certificate
Basic (645) Certificate
Early Childhood Development (643) LoR*
Early Childhood Education/Early
Childhood Special Education (309) A.A.T.
Elementary Education/Elementary
Special Education (305) A.A.T.
Secondary Education-Chemistry (306) A.A.T.
Secondary Education-English (310) A.A.T.
Secondary Education-Mathematics (307) A.A.T.
Secondary Education-Physics (308) A.A.T.
Spanish (317) A.A.T.
Teacher Aide (345) Certificate

Health, Fitness & Exercise Science

Exercise Science (151) A.A.
Sports Management (160) A.A.

Engineering Technology

Drafting and Design (742) Certificate

Welding

MIG & TIG Welding/Fabricator (777) Certificate
Stick & Flux-core Welding/Fabricator(778) Certificate

Environmental Science

Environmental Science (360) A.S.

Health Professions

Emergency Medical Services (518) A.A.S.
Emergency Medical Services (519) Certificate
General College Studies: Allied Health (120) A.A.
Nursing: Registered Nurse (132) A.S.
Phlebotomy (515) LoR*
Physical Therapist Assistant (141) A.A.S.
Radiologic Sciences (503) A.A.S.
Surgical Technology (511) A.A.S.

Human Services

Mental Health (682) A.A.S.
Addiction Counseling (685) Certificate

Liberal Arts and Sciences

Liberal Arts and Sciences (200) A.A.
Agriculture Concentration Degree (207) A.A.
Biological Sciences (221) A.S.
Global Studies (240) A.A.*
Theatre and Performing Arts(220)Certificate
African-American Studies (820) LoR*
Music (803) LoR*
Transfer Studies
Advanced (250) Certificate*
Basic (150) Certificate*

Technical/Professional Studies

Technical/Professional Studies (400) A.A.S.

Undeclared Majors or Transfer

Certificates (150 and 250)*

(Students in an undeclared major or transfer certificate are NOT eligible for financial aid.)

Non-Degree Seeking Students*

Personal enrichment/Professional development/update job skills (951)*

Dual Enrollment Students (960)*

The “960” option is for high school students who plan to enroll in the Dual Enrollment Program

Key to Degree Award

Abbreviations

A.A.S. Associate of Applied Science
A.A. Associate of Arts
A.S. Associate of Science
A.A.T. Associate of Arts in Teaching

Other Award Abbreviation

LoR Letter of Recognition *

FOR OFFICIAL USE ONLY

Date application entered: _____

New Application _____ Updated Application _____ If updated, last semester attended: _____

Processed by: _____ at (please check one) WMC Cambridge Ctr.