



Students are responsible for tuition and fees associated with classes (Estimated cost - tuition fee \$147 per credit hour; online course \$30 per credit hour in addition to tuition fee. Rates will be set by the board by June 2017 for fall 2017 semester). 217.641.4207

Books for classes can be purchased through the JWCC Bookstore. Please call 217.641.4230.

Have you ever attended John Wood Community College (including dual credit courses)? Yes No

High School attending _____ High School anticipated graduation date _____.

Please identify your primary racial/ethnic group. (select only one)

- Asian American Indian or Alaskan Native Black or African American Hispanic or Latino
- White Native Hawaiian or Pacific Islander Choose not to respond/unknown

Are you Hispanic or Latino? (Or are you of Spanish origin?)

- Yes, I am Hispanic or Latino No, I am not Hispanic or Latino

Are you from one or more of the following racial groups? (Select all that apply)

- Asian American Indian or Alaskan Native Black or African American
- White Native Hawaiian or Pacific Islander Choose not to respond/unknown

Are you in the United States on a Visa?

- No, I am a citizen of the United States
- No, I am not a citizen of the United States, but am a legal resident alien or refugee. Resident # _____
- Yes, I am in the United States on a Visa Home Country of Origin: _____ Visa Type: _____

Have you ever been a part of a TRIO program?

- Upward Bound Educational Talent Search Other Not Applicable

Have either parent attended college? Yes No **Have either parent completed a 4-year degree?** Yes No

FERPA, the Family Educational Rights and Privacy Act of 1974, protects the privacy of student educational records. To authorize the release of this protected information (grades, academic records, bill information) the student must indicate they agree to the release.

- High School (transcript/academic discussion) Parent – Tuition Bill Discussion No, I do not release information

Student's Signature

Date

Parent's Signature

Date

Parent's Name (print)

Phone #

Counselor's Signature

Date