

Online Application Signature/Verification Form

Thank you for applying online. However, before your application can be fully processed, please complete the following required information. (Please Print)

Name			Social Security Number	
				<u> </u>
Permanent Address - Number & Street			PO Box	
City		State	Zip	
Home Phone	Busine	ss Phone	Birth Date (MM/	<u>(DD/YY)</u>
() –		_	/	<u>/</u>
I want to start in □ Fall, 20(Sept)		High Schoo	Attended	
☐ Fall, 20(Sept) ☐ Winter 20(Jan.)				
☐ Spring 20(May) ☐ I	graduated on	☐ I will grad		
□ Summer 20(July) □ I	completed my GED on		graduate month/year	
Are you a United States Citizen? Yes No IF NO; please complete the following information				
⇒ Do you have Permanent Residency Status: □ Yes □ No Alien#:				
⇒ Country of Citizenship:				
Visa Status: □ Valid □ Expired Visa Type: □ F (Student) □ B (Visitor) □ H (Work) □ Other:				
My Major Will Be				
Signature				
If you are and on the control of 20 ordered by the control of the				
Community College. Four signature on this document gives your night school permission to				
release your transcript to Mott Community College.				
I certify that the information given on this application is correct and complete.				
a sector that the information given on this application is concertain complete.				
				MAIN
Signature of Applicant Date				
Signature of Applicant Date 으로				
Interoffice Use Only Program Code Start Term Student Status □□ □□ □□ □□ □□ □□ □□ □□ □□				
Program Code	Start Term		Student Status	D-NTC
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				SLBC