Hagerstown Community College • Application for Admission

11400 Robinwood Drive • Hagerstown, Maryland 21742-6514 • 240-500-2238 • www.hagerstowncc.edu

PERSONAL DATA

I am applying for the semester beginning:

Fall _____   Spring _____   Summer _____

Check One:

____Mr. ____Mrs. ____Ms. ____Miss____ Other_____

_____
Last Name   First Name   MI   Suffix

_____
Previous Name(s)   Preferred Name

Social Security Number ☐☐☐ – ☐☐ – ☐☐☐☐   ☐ Male ☐ Female   Date of Birth MONTH ☐☐ DAY ☐☐ YEAR ☐☐☐☐

Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student social security numbers (SSNs) to the Internal Revenue Service (IRS). This IRS requirement makes it necessary for community colleges to collect the SSN of every student. A student may refuse to disclose his or her SSN to the college for this purpose, but the IRS is then authorized to fine the student in the amount of $50.00. SSN is not required for admission. However, if you intend to apply for financial aid or claim tuition and fee costs on income taxes, you must provide the SSN.

_____
Mailing Address   Apt. #   PO Box

_____
City   State   Zip Code   County   Country

_____
Cell Phone Number   Home Phone Number   Work Phone Number   Extension

_____
E-Mail Address

Admit Status:
__ **New**—first time attending college for credit classes.
__ **Transfer**—previously attended another college but now pursuing a degree at HCC for the first time.
__ **Readmit**—have taken credit courses at HCC but not in the past two years.
__ **Visiting**—currently enrolled at another post-secondary institution and taking courses at HCC for the sole purpose of transferring them back to your home institution.

Program of Study:
Select one from page 3.

☐☐☐ ☐☐☐☐☐☐

Declaration of Residency

I am a legal resident of   ☐ Washington County, MD   ☐ Other Maryland county _____   ☐ Other state_____

I have resided there for _____ years _____ months. I have not established a temporary residence for the purpose of enrollment at HCC.

(Documentation of residency may be requested. Please note that you must have resided in the county or state three months prior to the start of the semester to receive that tuition type.)

If in Washington County for less than three months, please provide previous address:

_____

Length of time at previous address: _____ years _____ months

Employment Status: ☐ Full Time   ☐ Part Time   ☐ Not Employed

Are you employed in Washington County or Maryland? ☐ Yes   ☐ No   Name of employer _____

Ethnicity: Are you of Hispanic or Latino origin?   ☐ Yes   ☐ No

Race: Please indicate your race. *You may check more than one race.*

☐ White   ☐ Black or African American   ☐ Asian   ☐ American Indian or Alaskan Native   ☐ Native Hawaiian or Pacific Islander

Information not used for admission. Federal regulations require colleges to report enrollment data by ethnic, racial, and gender categories.

Citizenship: ☐ U.S.   ☐ Other than U.S.

(If not a U.S. citizen, please complete the information below and submit your immigration documentation to the Office of Admissions)

☐ Permanent Resident (green card holder)   ☐ Refugee   ☐ Asylee   ☐ Other visa _____   ☐ Plan to attend on F-1 visa

Date of Entry to U.S._____   Nation of Birth _____   Nation of Citizenship_____

Educational Goals *(check the one statement that most closely reflects your reason for attending HCC)*:

____ 1. Exploration of a new career or academic areas
____ 2. Preparation for immediate entry into a career
____ 3. Preparation for a transfer to a four-year institution
____ 4. Update skills for a job currently held
____ 5. Interest and self-enrichment

Do you plan to apply for financial aid? ☐ Yes   ☐ No

What influenced your decision to apply to HCC?

____ 1. TV/Radio/Newspaper ad
____ 2. Online/Mobile ad
____ 3. School/Workplace visit
____ 4. Social Media post
____ 5. Info received in mail
____ 6. Counselor/Teacher
____ 7. HCC Faculty/Staff/Coach
____ 8. Family/Friend
____ 9. HCC's Location
____ 10. HCC Website

MILITARY BACKGROUND

Are you: ☐Active Duty   ☐Veteran   ☐Veteran's Dependent

Do you plan to apply for veteran's benefits?   ☐Yes   ☐No

US Military Branch	Status	Start Date of Service	End Date of Service
		mm/dd/year	mm/dd/year
		mm/dd/year	mm/dd/year

FAMILY EDUCATION BACKGROUND

Indicate highest college degree obtained by Parent 1: ❑ No Degree ❑ Associate's ❑ Bachelor's ❑ Master's ❑ Doctoral

Indicate highest college degree obtained by Parent 2: ❑ No Degree ❑ Associate's ❑ Bachelor's ❑ Master's ❑ Doctoral

ACADEMIC HISTORY

Check one statement that applies to you:
__ I have graduated or will graduate from high school before starting college courses.
__ I will be taking college courses while still enrolled in high school.
　__Early College Access Program (ESSENCE)
　__Early College Degree Program (Middle College)
__ I have earned a GED in _____ (year) __ 219200 Maryland GED __ 219400 Out-of-state GED
__ I have not earned a high school diploma or GED __ I have received a certificate of attendance from high school
　　　　　　　　　　　　　　　　　　　　　(did not receive a high school diploma).

Check which high school you graduated from or plan to graduate from:　　**Year of graduation** ☐☐☐☐

__ 210609 Barbara Ingram	__ 392565 James Buchanan	__ Other Maryland high school
__ 210280 Boonsboro	__ 392460 McConnellsburg	*Please list name and location of high school:*
__ 210606 Broadfording	__ 210615 North Hagerstown	
__ 390603 Chambersburg	__ 210610 Saint Maria Goretti	_____
__ 390608 Chambersburg Magnet	__ 390606 Shalom Christian Academy	__ Out-of-state high school
__ 210400 Clear Spring	__ 210970 Smithsburg	*Please list name and location of high school:*
__ 215049 Evening High School	__ 210616 South Hagerstown	
__ 395345 Fannett Metal	__ 395030 Southern Fulton	_____
__ 210601 Grace Academy	__ 210600 Boyd J Michael III Technical	__ Out-of-country high school
__ 391570 Greencastle-Antrim	__ 395105 Waynesboro	*Please list name and location of high school:*
__ 210625 Hancock	__ 211090 Williamsport	
__ 210603 Heritage Academy	__ 219501 Home School	_____
__ 210605 Highland View Academy		

__ I have earned a college degree (check highest degree earned):__Associate __Bachelor's __Master's __Doctorate

Colleges, universities, or postsecondary institutions attended *(please list below)*:

A transfer credit evaluation will not be completed until all official transcripts have been received and a Transcript Evaluation Request form has been submitted.

Institution	City	State	Year Last Attended	Student Name (if different at time of attendance)

Emergency Contacts:

Name: _____ Cell Phone: _____ Home Phone: _____

Name: _____ Cell Phone: _____ Home Phone: _____

* Special Note regarding consent to text messages:

Hagerstown Community College has the ability to send text messages to your cell phone as an additional means of communication. These messages could include information regarding appointments, financial aid, registering for classes, etc. If you DO NOT want to receive these messages, please check the box below.

☐ I DO NOT want to receive text message alerts from Hagerstown Community College.

ADMISSIONS REQUIREMENTS

This application must be completed, signed and submitted to the Office of Admissions.

I understand that I am responsible for adhering to all policies and procedures of the College listed in the current Hagerstown Community College Catalog and Student Handbook. I certify that the information in this application is complete and accurate. Failure to provide accurate information, particularly regarding residency, may result in dismissal from the College.

I also understand that I may request a copy of the annual Security Report prepared by the Campus Police office. The report states the College's security and crime reporting policies; crime prevention programs; policies regarding alcoholic beverages, illegal drugs, and sex offenses; and the police authority of the Campus Police and the cooperation with other law enforcement agencies. For a copy of the report call 240-500-2312 or mail a request to Hagerstown Community College, 11400 Robinwood Drive, Hagerstown, MD 21742-6514, Attention: Campus Police Department.

Applicant's Signature *(required)* _____ **Date** _____

PROGRAMS OF STUDY—PLEASE INDICATE YOUR SELECTION ON PAGE 1

KEY TO ABBREVIATIONS:

AA	Associate of Arts degree
AAS	Associate of Applied Science degree
AAT	Associate of Arts in Teaching degree
AS	Associate of Science degree
CER	Certificate
LTR	Letter of Recognition

PROGRAMS OF STUDY

Administration of Justice/Police Academy

AA	AMJ	Administration of Justice ♦
AAS	ADJ	Administration of Justice

Behavioral and Social Sciences/Business

AS	BUS	Business Administration ♦
AAS	A&B	Accounting and Business
CER	ENTR	Entrepreneurship
AAS	MGT	Management
CER	MGT	Management
LTR	MGT	Management ***
AAS	MMC	Management: Marketing
CER	MMC	Management: Marketing
LTR	MMC	Management: Marketing***
CER	ADA	Administrative Assistant
LTR	ADA	Administrative Assistant***
AA	HIS	History ♦
AS	HSV	Human Services ♦
AAS	HST	Human Services Technician
LTR	HST	Human Services***
AA	PSC	Paralegal Studies ♦
CER	PSC	Paralegal Studies
AA	POL	Political Science ♦
AA	PSY	Psychology ♦
AAS	SUB	Substance Abuse Counseling
CER	SUB	Substance Abuse Counseling
AA	SOC	Sociology ♦

Education

AAT	ECH	Early Childhood Education (transfer in-Maryland)
AS	EDU	Education (transfer out-of-state)
AAT	ELE	Elementary Education (transfer in-Maryland)
AAS	ECE	Early Childhood and Primary Grades Education
CER	CCP	Child Care Professional
LTR	CCP	Child Care Professional***

English/Humanities

CER	CMU	Commercial Music
AA	DNC	Dance ♦
AA	ENG	English ♦
AAT	ENE	English, Secondary Education (transfer in-Maryland)
AA	FLA	Foreign Language ♦
AA	MUS	Music ♦
AA	THR	Theater ♦
AA	VAR	Visual Arts ♦

Math and Science

AS	ENV	Environmental Studies ♦
AS	BIO	Biology ♦
AAS	BTC	Biotechnology
CER	BTC	Biotechnology
AS	CHM	Chemistry ♦
AS	EGR	Engineering Science ♦
AS	MAT	Mathematics ♦
AS	PHY	Physics ♦

Nursing/Health Sciences

AAS	HIM	Health Information Management
AAS	MLT	Medical Laboratory Technician
CER	EHR	Electronic Health Records
CER	DLA	Dental Assisting
AA	GSTDHY	Dental Hygiene**
AA	GSTNUR	Nursing** ♦
AA	GSTPRN	Practical Nursing**
AA	GSTRAD	Radiography**
CER	CTI	Computed Tomography Imaging* ***
CER	MRI	Magnetic Resonance Imaging* ***
LTR	MAM	Mammography* ***

Physical Education and Leisure Studies

AS	ESH	Exercise Science and Health
AS	CHC	Community Health Concentration
LTR	FIT	Fitness Training***

Technology/Computer Studies

AAS	AMS	Advanced Manufacturing Systems
CER	INDT	Industrial Technology
LTR	IWF	Welding and Fabrication***
AAS	AET	Alternative Energy Technology
CER	AESW	Solar and Wind Energy Installation and Service
AS	CSC	Computer Science ♦
CER	CANS	Advanced Network Security
AAS	ISCS	Computer Support Specialist
AS	CYB	Cybersecurity ♦
AAS	CYB	Cybersecurity
AAS	ISCF	Digital Forensics
AAS	IPC	Digital Instrumentation and Process Control
AAS	EET	Electrical Engineering Technology
CER	BELN	Electronics Technician
AA	GDT	Graphic Design ♦
AAS	GDT	Graphic Design Technology
CER	GDT	Graphic Design Technology
LTR	GDC	Computer Graphic Artist***
LTR	GDG	Graphic Production Specialist***
AAS	MET	Mechanical Engineering Technology
AAS	CAD	Computer-Aided Design
CER	CAD	Computer-Aided Design
LTR	CAD	Computer-Aided Design***
AAS	ISNA	Network Administration
CER	ISNT	Network Administration
AAS	ISDP	Interactive Design and Game Development: Game Development Track A
AAS	ISDA	Interactive Design and Game Development: Interactive Design Track B
AAS	WEB	Web and Multimedia Technology
AAS	TECH	Technical Studies
CER	WBM	Web/Multimedia Development
CER	UAS	Unmanned Aerial Systems Technician
LTR	WBS	Web Site Development***

Truck Driving

AAS	CVT	Commercial Transportation Administration
CER	CVT	Commercial Transportation Management
CER	TRK	Commercial Vehicle Transportation Specialist

GENERAL

AA	ASC	Arts and Sciences
AS	ASC	Arts and Sciences
AA	GST	General Studies
NDG	NOM	Not Seeking a Letter, Certificate or Degree (Students selecting this concentration are not eligible for financial aid)

* *Selective program. Requires separate application for acceptance.*

** *Selective program. Requires separate application for acceptance. Please note that you will be admitted into an AA.GST program until you are admitted into the clinical portion of the program you selected.*

*** *Program not eligible for Financial Aid.*

♦ *Transfer Degree*

HAGERSTOWN COMMUNITY COLLEGE

Stay close. Go far.

- **Complete application for admission (no fee) and submit to:**
  Office of Admissions
  Hagerstown Community College
  11400 Robinwood Drive
  Hagerstown, MD 21742-6514
  Telephone: 240-500-2238
  Email: admissions@hagerstowncc.edu

- **You may also apply online at www.hagerstowncc.edu/admissions**

- **Request that an official high school transcript be sent directly to HCC.** You do not need to submit a high school transcript if you graduated five or more years ago (unless you are applying to Practical Nursing or will be applying for financial aid).

- **Request that official transcripts from all higher education institutions attended be sent directly to HCC.**

- **A transfer credit evaluation will not be completed until all official transcripts have been received and a Transcript Evaluation Request form has been submitted. The form can be found at *www.hagerstowncc.edu/admissions/transfer-students***

- **Submit official scores for all tests previously taken** (SAT, ACT, MCAP, AP, TOEFL, CLEP, DSST, 1B, Excelsior). You do not need to submit SAT or ACT scores if those tests were taken more than five years ago.

- **Take College Placement Exams if required (no fee). Please allow approximately three hours to complete the testing.**

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* Special Note for Dental Hygiene, Nursing, Practical Nursing, and Radiography Students:
Admission to the college does not guarantee admission to the dental hygiene, nursing, practical nursing, or radiography programs. Enrollment in these programs is selective and limited by the availability of staff and facilities.

Students should contact the Office of Admissions or a retention specialist for more information on the selection process. For consideration, a "Supplemental Application for Selective Admissions Programs" and all required documentation must be submitted according to the deadline below. Supplemental Applications are available online at *www.hagerstowncc.edu/admissions/forms-documents*.

PROGRAM	DEADLINE	CLASSES BEGIN
Associate Degree in Dental Hygiene	April 1	August
Associate Degree in Nursing	January 15	August
Associate Degree in Nursing	July 15	January
Associate Degree in Radiography	February 1	May
Certificate in Practical Nursing	March 15	May

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* Special note for Magnetic Resonance Imaging, Computed Tomography Imaging, and Mammography Students:
Please refer to *www.hagerstowncc.edu/admissions/forms-documents* for the supplemental applications and detailed information regarding admissions criteria for these programs.

Maryland residents enrolled in a program designated as a Health Manpower Shortage, statewide or regional by the Maryland Higher Education Commission, may be considered as in-county residents for tuition purposes. The Health Manpower Shortage programs at HCC are nursing (LPN and RN), radiography, dental hygiene, and dental assisting. The statewide designated programs include alternative energy technology (A.A.S and certificate), digital instrumentation and process control, administrative of justice, and industrial technology (certificate). See the Retention and Registration Office located in the Student Center for more information.