



# Career Advantage Class Schedule Form

Use **black** ink and complete all information requested

## PART 1 – PERSONAL INFORMATION

PRINT legal name as printed on birth certificate

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number and Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Grade Level:  Senior  Junior  Sophomore  Freshman Home High School \_\_\_\_\_ Code \_\_\_\_\_

Plans after high school:  DMACC  Military  Undecided  Work Other College/Institution: \_\_\_\_\_  
Seniors only

Program of Interest or Major of Study: \_\_\_\_\_

## PART 2 – IDENTIFYING INFORMATION

SSN# \_\_\_\_\_ Birth Date \_\_\_\_\_  
Month Day Year  Male  Female

## 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 \_\_\_\_\_