

2019 – 2020 CCP Student Enrollment Form

Capital Community College

950 Main Street Hartford, CT 06103

KBinkhorst@capitalcc.edu

860-906-5283



This application MUST be completed in entirety to be processed

Today's Date _____ Social Security # (To phone in S.S.# - Call # above) _____ Date of Birth _____

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City and Zip Code _____ Email Address _____

Gender

- Male
- Female
- Choose not to respond

Ethnicity

- Hispanic/Latino
- Non-Hispanic/Non-Latino

Citizenship

- U.S. Citizen
- Student Visa
- Permanent Resident
- Other

Race*

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

Career Pathway

- Arts Audio/Video Tech Communication (GZ03)
Students enrolled in COM*241
- Architecture & Construction (GZ02)
Students enrolled in CTC*140 and CTC*222
- Business Management & Administration (Marketing) (GZ04)
Students enrolled in BMK*201
- Finance (GZ06)
Students enrolled in BFN*110 and ACC*115 and ACC*117
- Information Technology (GZ11)
Students enrolled in CSC*101, CSC*105, CSC*117, CSA*105, CSC*220, CST*150, CST*250
- Agriculture, Food, Natural Resources (GZ01)
Students enrolled in BIO*130

Parent/Guardian Printed Name _____

Address (if different) _____

Non-Discrimination: CCC does not discriminate on the basis of race, color, national origin, ancestry, religious creed, age, gender, marital status, past or present history of mental disorder, retardation, or physical handicap, prior conviction of a crime, sexual orientation, or political affiliations in admitting students to its programs or in administering its educational policies, loans/scholarship programs, athletics, and other institutional administrative programs or activities generally made available to students at the college.

The undersigned agrees that information on this application is true and accurate and understands it will be kept confidential in accordance with the provisions of the privacy act. Misleading or false information may result in disqualification or dismissal.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

This application will NOT be processed without a social security number or a parent's signature