



MFSI/SMCC Program Application

SMCC ID# N/A TODAY'S DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

BIRTH/OTHER NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ SOCIAL SECURITY # (last 4 digits) \_\_\_\_\_

GENDER\*  FEMALE  MALE BIRTHDATE\* \_\_\_\_\_

MINOR RELEASE FORM REQUIRED FOR STUDENTS UNDER 18 YEARS OF AGE

ETHNIC GROUP\* (CHOOSE ONE)  HISPANIC/LATINO  NOT HISPANIC/LATINO

RACE\* (CHOOSE ALL THAT APPLY)  AMERICAN INDIAN OR ALASKA NATIVE  ASIAN  
 BLACK OR AFRICAN AMERICAN  WHITE  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

\*OPTIONAL – THIS INFORMATION IS USED FOR REPORTING PURPOSES ONLY

YOUR REASON FOR ENROLLING  DEGREE OR CERTIFICATE  PERSONAL ENRICHMENT  
 TRANSFER TO ANOTHER COLLEGE  SKILLS FOR EMPLOYMENT  OTHER

I HAVE BEEN A RESIDENT OF MAINE SINCE \_\_\_\_\_ (for non-educational purposes)  
 MONTH/YEAR

ARE YOU A U.S. CITIZEN?  YES  NO PROOF OF MAINE/US RESIDENCY REQUIRED TO QUALIFY FOR IN-STATE TUITION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?  YES  NO

REGISTRATION YEAR \_\_\_\_\_ TERM  FALL  SPRING  SUMMER

| COURSE CODE | COURSE NUMBER | COURSE SECTION | COURSE TITLE | CREDITS | A AUDIT<br>R REPEAT | OFFICIAL<br>USE |
|-------------|---------------|----------------|--------------|---------|---------------------|-----------------|
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**STUDENT SIGNATURE** \_\_\_\_\_

Southern Maine Community College is an equal-opportunity institution and employer. If you have a disability and wish to request accommodations, please contact the Director of Disability Services, Heather Jackson, at 207-741-5923 or via email at [hjackson@mainecc.edu](mailto:hjackson@mainecc.edu). Appointments are available by Zoom and in person on both the Brunswick and South Portland campuses. Walk-in appointments are welcome.

Documentation of your disability is required, but please do not let the absence of documentation prevent you from seeking accommodation.