MONTGOMERY COUNTY COMMUNITY COLLEGE
ACT 101
Participant Information

Date ________________

Name __________________________________________________ Student ID# _______________________

Street ___________________________________________________________________________________

City _________________________________  Zip code _____________________________

Phone: Home _________________________  Cell _________________________

College E-mail Address ____________________________  Personal E-mail Address___________________

Date of birth ___________________________     Female _____  Male _____

Marital status: Single _____  Married _____     Number of children _________

Country of birth ____________________________

Racial/cultural background:

Native American_____  African American_____  Hispanic/Spanish_____

Asian/Pacific Islander_____  Caucasian/white_____  Other_______

Academic Information

High School Diploma or GED_________________  Year received_______________

First year enrolled at MCCC___________  Will you attend:  full-time _____  part-time _____

Major _____________________________  Career goal _____________________________

Do you plan to transfer?  Y_____  N______  If so, where? _________________________________

Previous colleges or schools attended: ________________________________________________

Referred by ____________________________

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