## Cabarrus College of Health Sciences Application for Non-Degree Enrollment

Personal Information SSN



**Date of Birth** 

To enroll at Cabarrus College as a Non-Degree student the following requirements must be met:

- 1) Complete the application below in its entirety and submit the application and background check fees (\$130 total).
- 2) Complete the Consent to Release Form authorizing Cabarrus College to complete a background and sanction check.
- 3) Provide evidence of US Citizenship.

**Last Name** 

4) Provide current immunization records and evidence of health insurance.

**First Name** 

5) Provide any transcripts requested by the college as evidence of prerequisite courses.

	Street Address	<u>'</u>		<u> </u>	-			
	City	State						
	Email Address				Phone Number			
	Gender		Ethic Group/Race					
	☐ Male		☐ Hispanic of any i	race 🗆 Americ	can Indian or Alaska Nat	ive	☐ Asian	
	☐ Female		☐ Two or More Rac	ces 🗆 Black	or African American		☐ White	
			☐ Native Hawaiian	or Other Pacific Islar	nder			
	Are you a US Citizen? If no, you must present a current Permanent Resident Care or valid I-551 card.   Yes  No				Have you ever been convicted of a criminal offense other than a minor traffic violation or are criminal charges pending against you at this time?			
				☐ Yes	□ No			
	Educational Background							
	High School Graduate ☐ Yes ☐ No			Currently Enr	olled in High School	□ Yes	□ No	
	Name of High School			High School (	High School City and State			
	Dates of Attendance			Date of Gradu	Date of Graduation			
	Course(s) Requested							
	Course Name			Course Number	Course Section			
I ce omi inve resp acc	ssions related to this applica estigate my past education, opensibility all persons, comp	s on this applicati ation will be suffici employment, soci anies, or institutio itudent does not g	ent cause for denial of e al background, and other ans supplying such inform puarantee acceptance int	nrollment at Cabarrus Co ractivities; agree to coop nation. I agree to conform o any program of the Coll	ge and belief. I understand the lege of Health Sciences. I was erate in such investigations; to the rules and regulations lege and I am not eligible for en (15) credit hours.	oluntarily give the and release from of the College. I	e College the right to a all liability or understand that	
	Signature				Date	_		
app can	lied to a degree program	n already and is ck or money or	enrolling as non-degr	ee to meet the admiss	Non-Degree Student at Ca sion requirements, the app ealth Sciences) or with cr	plication fee is	waived. Payment	
Am	ount to be charged (\$130	o for application	fee and background o	check):	<u> </u>			
Cre	dit Card Type:	a 🗌 Master	Card	Credit Card Number:				
Nar	me on the Card:		Expiration D	ate:	V-Code from the back	::		

Credit Card Payment AuthorizationSignature: \_\_\_

Billing Zip Code: