

Cabarrus College of Health Sciences Application for Non-Degree Enrollment



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 (\$90 total).
- 2) Complete the Consent to Release Form authorizing Cabarrus College to complete a background and sanction check.
- 3) Provide evidence of US Citizenship.
- 4) Provide current immunization records and evidence of health insurance.
- 5) Provide any transcripts requested by the college as evidence of prerequisite courses.

Personal Information			
Last Name	First Name	SSN	Date of Birth
Street Address			
City	State		
Email Address		Phone Number	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethic Group/Race <input type="checkbox"/> Hispanic of any race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
Are you a US Citizen? If no, you must present a current Permanent Resident Card or valid I-551 card. <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Educational Background			
High School Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Enrolled in High School	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of High School		High School City and State	
Dates of Attendance		Date of Graduation	
Course(s) Requested			
Course Name	Course Number	Course Section	

Applicant's Certification Statement:

I certify that all of my statements on this application are true and correct to the best of my knowledge and belief. I understand that falsification of information or omissions related to this application will be sufficient cause for denial of enrollment at Cabarrus College of Health Sciences. I voluntarily give the College the right to investigate my past education, employment, social background, and other activities; agree to cooperate in such investigations; and release from all liability or responsibility all persons, companies, or institutions supplying such information. I agree to conform to the rules and regulations of the College. I understand that acceptance as a Non-Degree Student does not guarantee acceptance into any program of the College and I am not eligible for state or federal financial aid. Furthermore, I understand that as a non-degree student I may enroll in no more than a total of fifteen (15) credit hours.

Signature

Date

There is a \$50 applicant and a \$40 background check fee required to enroll as a Non-Degree Student at Cabarrus College. Payment can be made with cash, check or money order (made payable to Cabarrus College of Health Sciences) or with credit card. To pay via credit card, please complete the information below:

Amount to be charged (\$90 for application fee and background check): _____

Credit Card Type: Visa Master Card AMEX Credit Card Number: _____

Name on the Card: _____ Expiration Date: _____ V-Code from the back: _____

Billing Zip Code: _____ Credit Card Payment Authorization Signature: _____