



# SOUTH SUBURBAN COLLEGE

15800 SOUTH STATE STREET • SOUTH HOLLAND, IL 60473 • 708-210-5718

## Dual Credit Admissions Application/Registration Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Sex:  MALE  FEMALE Date of Birth \_\_\_\_\_

Currently Enrolled in \_\_\_\_\_ High School as a \_\_\_\_\_ (Year in School)

For Information on Optional Disclosure of Private Mental Health please visit your portal under Academic Profile.

SSN#: \_\_\_\_\_ **REQUIRED FIELD\*\***Your social security number is required in order for you to receive financial aid or a 1098T, as well as for the college's compliance with state and federal reporting requirements. Your SSN will be stored in a single secured location and will not be used for internal college business. *Failure to provide us with your correct TIN or social security number may result in a penalty imposed by the Internal Revenue Service.*

Citizenship Status:  US Citizen  Permanent Resident (Attach a copy of permanent resident card, both sides)  Undocumented/Deferred Action  
International Student Citizenship Country If other Than US

Ethnic/Ethnicity - Are you Hispanic or Latino?  Yes  No

1A. Please select one or more racial groups with whom you identify:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

1B. Identify your primary racial/ethnic group. Select One

- American Indian or Alaskan Native
- Asian
- Hispanic or Latino
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

2. Primary Reason for attending SSC at this time?  I am currently a high school student enrolling in the SSC Dual Credit Program.  
Please assign me the SSC program code of *Stud.ndeg.dual*

3. Parental Education Background (select one for each) Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
A. Not a high school graduate B. High school graduate C. Some college/Associate Degree D. Bachelor's Degree  
E. Higher U. Unknown

### Register Me for the Following SSC Dual Credit Course - Only One Course per Form

SSC Course Code	SSC Section	HS Period #	Instructor Name

**PRINT FORM, SIGN AND TURN IN BY DEADLINE DATE**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**By signing this form I,**

Have acquired the appropriate parent or guardian approval where applicable.

Understand that once processed, I will become a South Suburban College student.

Certify that the above information is true and correct to the best of my knowledge.

Understand that if any time this registration does not comply with the Dual Credit Quality Act, my registration may be revoked.

Understand that if my midterm grade is below a "C" grade I will be dropped from the SSC Course.

Understand that if my final grade is below a "C" I will be withdrawn from the SSC course and a "W" will appear on my SSC transcript.

Give permission to release information, including grades, concerning my dual credit enrollment to my home high school.