

Triton College

Application for Dual Credit Enrollment

Triton Campus 2000 Fifth Ave. River Grove, IL 60171 (708) 456-0300, Ext. 3612

1 Social Security number _____ - _____ - _____ Date: _____

Last name First Middle

Street address

City State Zip Birth date (month/day/year)

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Home phone Alternate phone E-mail address

2 High School from which I graduated or will graduate: _____ 3 Gender: ___ Male ___ Female
School

4 Citizenship (check only one):
 U.S. citizen (born or naturalized)
 U.S. permanent resident: Country of origin: _____
 Alien registration number: _____
 International: Country of origin: _____
 Visa category: _____
 Adjustment in status (submitted application for permanent residency)
 Non-citizen: status identified. Check this option if you can answer "yes" to all the following questions:
 Did/will you graduate from an Illinois high school or attain a GED in Illinois?
 Did/will you attend a school in Illinois for at least 3 years during K-12?
 Did/will you live with your parents while you attended school in Illinois?
 Non-citizen (Other categories do not apply to you)

5 My primary reason for attending Triton College is:
 1. To prepare for a future job.
 2. To improve skills needed in present job.
 3. To explore courses that will help in making career decision.
 4. To complete course work in preparation for transfer to another school.
 5. To remedy or review basic educational or vocational skills.
 6. For personal interest or self-development.
 7. To prepare for the GED.
 8. Other or unknown.

6 What is the highest level of education attained by you:
 Mother Father
 some high school some high school
 high school graduate high school graduate
 some college some college
 bachelor's degree bachelor's degree
 higher higher

7 My current employment status is:
 1. employed full-time
 2. employed part-time (more than 15 hrs./wk.)
 3. employed part-time (15 hrs./wk. or less)
 4. homemaker
 5. unemployed
 6. other
 7. no response

8 NOTE: This information is requested solely for the purpose of determining compliance with federal civil rights law, and your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a non-discriminatory manner.
 Are you Hispanic or Latino? ___ Yes ___ No

Are you from one or more of the following racial groups? (check all that apply)
 American Indian/Alaskan Native
 African American/Black
 Asian
 Native Hawaiian/Pacific Islander
 White
 no response

Primary racial/ethnic group: (check one)
 American Indian/Alaskan Native
 African American/Black
 Asian
 Native Hawaiian/Pacific Islander
 White
 no response

Dept.	Course	Section	Triton College Course Title	Days	Time	Location

I the parent/guardian of _____ request his/her ACT/SAT scores be sent to Triton College for admission. Student Name

Signature of Parent/Guardian Signature of High School Principal or Counselor

ACT Test Date _____ English _____ Math _____ Science _____ Reading _____ School Registrar _____ Date ____/____/____	Placement Test Requirement Satisfied _____ Not Satisfied _____ Date ____/____/____ Triton Staff _____
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