

Directions: Complete **ALL** fields, sign, and return to your Career Coach or High School Counselor.

NAME: _____
FIRST NAME MIDDLE NAME LAST NAME

Empl. ID#: _____ (Required) **Date of Birth:** ____ / ____ / ____

Mailing Address:

Home Phone:
 _____ - _____ - _____

Cell Phone:
 _____ - _____ - _____

Email Address:

Have you completed the FAFSA (*Free Application for Federal Student Aid*)?
 Completed Plan to apply Not applying

NOTE: If VHCC does not have your Social Security Number on file, we are not able to link your FAFSA to your student account, or apply an award to your student account. **Verify with your Career Coach that your SSN is in Virginia Highlands Community College's Student Information System. If it is not, please attach a copy of your Social Security card to this document prior to submitting.**

High School:

Anticipated High School Graduation Date:

Anticipated Degree at VHCC:

Which term do you plan to begin at VHCC?
 Summer Fall Spring Year: _____

I have additional questions, or would like more information, and would like a member of the Campus Connection Center staff to:

Have you already created your schedule for the designated semester above? Yes No

Call me Email me

_____ / _____ / _____
Date

_____ / _____ / _____
Date

Student Signature

Career Coach Signature

FOR VHCC STUDENT SERVICES/ADMISSIONS & RECORDS OFFICE USE ONLY:

Program Assigned: _____ _____ / _____ / _____
Date

Faculty Advisor Assigned: _____ _____ / _____ / _____
Date

Updated by: _____ _____ / _____ / _____
Date