



## SPECIAL APPLICATION FOR SELECT STUDENTS

Please submit to the Office of Outreach and Admissions at **admissions@rcbc.edu** or in-person.

### APPLICANT PERSONAL INFORMATION

Last Name	First	Middle	Birth Date	Age
Street Address	City	Zip	High School	
Telephone			High School Year (Fr./Soph./Jr./Sr.)	
Student Email			Anticipated Graduation Date	

Gender:                     Male                     Female                     Prefer not to answer

Are you Hispanic or Latino?    Yes                     No

Race:                     American Indian or Alaskan Native    Asian                     Black or African American  
 Hawaiian or Pacific Islander    White                     Not Applicable

### COLLEGE COURSE(S) IN WHICH YOU PLAN TO ENROLL

Indicate Semester/Term you plan to enter:    Fall    Spring    Summer Session I    Summer Session II

DEPT.	COURSE NO.	SECTION	LOCATION	COURSE TITLE	INSTRUCTOR	CREDIT	DAY	TIME
<b>TOTAL CREDITS</b>								

My signature on this form affirms that I am academically prepared and/or meet the defined course pre/corequisites and any basic skills testing requirements. My signature also affirms an intention to attend the courses listed above. I acknowledge that my actions create a financial obligation to RCBC and I agree to pay all applicable charges by the due date established by the college. I understand and accept that my responsibility cannot be relinquished unless and until I complete the drop process online or submit a completed drop form prior to the first day of the semester/term.

Student Signature	Date
Parent / Guardian Signature	Relationship

### HIGH SCHOOL OFFICIAL AUTHORIZATION

PRINT School Counselor/Principal Name	Signature	Date
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