



### ECC Application for Part Time Non Matriculated Advanced Studies High School Students

Please Print Clearly and Press Hard

Name: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Are you a resident of Erie County: \_\_\_\_\_ If no, what county? \_\_\_\_\_

1.  US Citizen 2.  Permanent Resident (Alien Registration Number A) \_\_\_\_\_

3.  Foreign Student from: \_\_\_\_\_ Visa Type: \_\_\_\_\_ Expires: \_\_\_\_\_

English is not my primary language, my primary language is: \_\_\_\_\_

High School \_\_\_\_\_

1. Anticipated graduation from High School, year: \_\_\_\_\_

2.  I am in an **Advanced Studies Program (HS)**

3.  I am/was in a *Tech Prep* Program, i.e., Cisco, FAMS, NAF, Project Lead the Way (**TP**)

4.  I am/was in a high school articulation program (**HA**)

**Demographics** (please check mark *all* that apply)

White, not Hispanic  Black, not Hispanic  Hispanic  Non-Resident Alien

Asian/Native Pacific Islander  American Indian or Native Alaskan - Tribe: \_\_\_\_\_

*By signing this form, both my parent/guardian and I understand that I am registering for an ECC course taught in my high school. We will be responsible for payment to ECC for any Advanced Studies course and will be sent a bill in the mail for 1/3 tuition plus fees. (Students will not be released from liability for non-attendance or dropping the course once registered) We understand grades will be posted on Web Advisor. Visit <https://webadvisor.ecc.edu> for your ECC course grade. To send a transcript to another college, it is the student's responsibility to fill out and mail a transcript request form with a \$5 fee to any of our three ECC Registrar's Offices. <http://www.ecc.edu/studentlife/recordsinfo.asp> Advanced Studies Coordinator, Debb Schmitt, email [schmitt@ecc.edu](mailto:schmitt@ecc.edu), 851-1270*

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Do not submit this form without your SS)

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADVANCED STUDIES REGISTRATION/COURSE SELECTION FORM**

Course Number /Section	Course Title	Credit Hours	Teacher
1. 4B			
2. 4B			
3. 4B			
4. 4B			