DUAL ENROLLMENT
APPLICATION FOR ADMISSIONS
Piedmont Community College
1715 College Drive – P. O. Box 1197
Roxboro, NC 27573
Telephone: (336) 599-1181 Fax (336) 598-9283
www.piedmontcc.edu

1. Last Name     Jr./Sr./III                                First
   Middle                                  Former

2. Address
   City                                     State                                    Zip

3. County of Legal Residence
   State of Legal Residence
   Country of Legal Residence

4. (________)__________________
   Area Code   Home Telephone

5. _________________________
   Social Security Number

6. ___________/_______/_______
   Date of Birth (mm/dd/yy)

7. Do you consider yourself to be Hispanic/Latino?             Yes ☐ No ☐
   Select one or more of the following racial categories to describe you:
   Caucasian/White ☐
   African American/Black ☐
   American Indian/Alaska Native ☐
   Asian ☐
   Native Hawaiian or Pacific Islander ☐

8. Sex: ☐ Female        ☐ Male

9. Year and Term entering:  20_____     ☐ Fall     ☐ Spring     ☐ Summer
   a. Please indicate the program for which you are applying:
      ☐ Dual Enrollment T90980 ☐ Home School T909800

10. High School Attended: __________________________________________
    City__________________________County__________________State___________
    ☐ Expected Graduation Date: Month _____ Day _____ Year _______

11. Highest educational level completed (Check One) ☐ 8  ☐ 9  ☐ 10  ☐ 11

*I hereby acknowledge that completion of Item 5 (Social Security Number) is voluntary, is requested by the institution solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution. I certify that the above responses are true to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that knowing falsification may result in discretionary action including denial of admission or dismissal after admission.

__________________________________________________        _____/_____/_____
Signature                                           Date

*For PCC Use Only        Person ID_________________