

» West-MEC

ADULT education

Thank you for your interest in West-MEC's Adult Education!

To begin the admission | registration process for a PROGRAM, please follow the steps below.

Adult Education *Program(s)*:

1. Complete ADMISSION & REGISTRATION PACKET | Student Information Form | pages 1 & 2
2. For **Central Campus Programs**, return completed application to West-MEC Central Campus:
6997 N Glen Harbor | Glendale, AZ 85307
3. For **Northeast Campus Programs**, return completed applicaiton to West-MEC Northeast Campus:
1617 W Williams Drive | Phoenix, AZ 85027
4. Finalize Admission & Registration Packet

ADMISSION & REGISTRATION PACKET

Student Information Form

Legal Name (Last, First, Middle) _____ Social Security Number* _____

Date of Birth (MM/DD/YYYY) _____ Gender (M/F) _____ Phone Number _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Do you give permission to West-MEC to release directory information relative to your enrollment (per the Family Education Rights and Privacy Act of 1974)? Yes No

Citizenship Status

- United States Citizen
- Legal Immigrant/Permanent Resident Alien Registration # _____
- Lawful Refugee Alien Registration # _____
- Legal Non-Immigrant: Specify VISA Status _____ I-94 # _____ Exp. Date _____

What is your high school status?

- High School Diploma Graduation Date (MM/YYYY) _____
- GED Certificate Completion Date (MM/YYYY) _____
- Currently Enrolled at High School Name _____
Expected Graduation Date (MM/YYYY) _____
- No Diploma or GED (under age 18) No Diploma or GED (age 18+)

Felony

Have you ever been convicted of a felony? Yes No
If yes, please explain _____

Military

- Are you a veteran of the US Armed Forces? Yes No
- If so, are you eligible for benefits? Yes No
- Are you currently serving in the US Armed Forces? Yes No
- If so, are you eligible for benefits? Yes No

Race / Ethnicity**

- Hispanic of any race
- One or more of the five racial groups:
 - White Black or African American Asian
 - American Indian / Alaska Native Native Hawaiian / Pacific Islander

Funding Source(s) check all that apply

- Federal Financial Aid (Grants/Loans)
- Agency Funding Name of Agency _____
Contact Name _____ Phone Number _____ Email _____
- Veteran Benefits Cash / Payment Plan

West-MEC

Educational Goals (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Reputation | <input type="checkbox"/> Extracurricular Activities | <input type="checkbox"/> Full-Time Classes |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Facility Appearance | <input type="checkbox"/> Learn About things that interest me |
| <input type="checkbox"/> Associate's / Bachelor's Degree | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Training for a Specific Career |
| <input type="checkbox"/> Career Advancement | <input type="checkbox"/> Housing | Other: _____ |
| <input type="checkbox"/> College Credit | <input type="checkbox"/> Lab Availability | Other: _____ |
| <input type="checkbox"/> Class Schedule | <input type="checkbox"/> Location | Other: _____ |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Online Courses | Other: _____ |
| <input type="checkbox"/> Industry Recognized Certifications | <input type="checkbox"/> Part-Time Classes | Other: _____ |

The following will be completed with Adult Ed Coordinator, Campus Administrator or designee.

In case of emergency, please contact references (required):

Name _____ Relationship _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

The Next Step

I have met with _____, West-MEC Adult Ed Coordinator, Campus Administrator or designee on _____. Based on the information provided, I wish to apply to West-MEC _____ to begin on _____.

Signature

I certify that the data on this Student Information Form is true, correct, and complete. I understand that I am responsible for any expenses incurred at West-MEC in the event that I am unable to obtain enough financial resources to cover my educational cost.

Student Signature

Date

Adult Ed Coordinator, Campus Administrator or Designee Signature

Date

All information on this form is confidential and in compliance with the family education rights and privacy act of 1974 (FERPA). FERPA's provisions are explained in the West-MEC Catalog and Student Handbook Adult Programs.

*Your Social Security Number (SSN) will not be used as your primary Student identification number and will be kept confidential. Providing an SSN will ensure that your educational records are complete and correct and will allow the fullest services. Students should be aware that a correct SSN must be on file for reporting information pertaining to potential tax credits and must be used by applicants for Federal Student Aid and GI Bill Education Benefits. Your SSN will be utilized for purposes of requesting transcripts both official and unofficial.

**Voluntary Information used to comply with federal reporting has no effect on admission to West-MEC. This information will not be used for any discriminatory purpose.

West-MEC District #402 does not discriminate on the basis of race, color, gender, national origin, disability, religion or age in its programs, services or activities. Compliance: Title IX, Title VI, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Drug-Free Workplace Act of 1988. For information regarding discrimination grievance or complaint procedures, contact Student Services at 623.738.0014.