



100 N. 10th Street • Phoenix, AZ 85034 • www.gatewaycc.edu

1. SEMESTER OF ENROLLMENT  Full-time (12 or more credits)  
 Fall  Spring  Summer 1  Summer 2 Year: 20\_\_\_\_  Part-time (less than 12 credits)

New student at this college  
 Former student at this college, Last date attended: Month \_\_\_\_\_ Year \_\_\_\_\_

SOCIAL SECURITY NUMBER \*

SAIS#            
 Arizona Department of Education (ADE) Student Accountability Information System (SAIS) number

2. LEGAL NAME (Last, First, Middle)

3. FORMER NAME(S)

4. MAILING ADDRESS APT #

5. CITY, STATE 6. ZIP CODE

7. EVENING/MESSAGE PHONE ( ) DAY/BUSINESS PHONE ( ) EXT.

E-MAIL ADDRESS

**RESIDENCY** These questions are asked for the purpose of determining tuition and fees. State law now requires that a person who is not a citizen or legal resident of the United States or who is without lawful immigration status is not entitled to classification as an in-state student pursuant to A.R.S. Section 15-1802 or entitled to classification as a county resident pursuant to A.R.S. Section 15-1802.01. Failure to answer questions 8-10 may result in being classified as out-of-state for tuition and fee purposes. The responsibility of registering under the proper residency classification is placed upon the student. Any student who falsifies his/her residency may be subject to dismissal from the college and/or criminal action. Refer to the college catalog for residency guidelines.

8a.  United States Citizen (1)  
 Legal Immigrant/Permanent Resident (2) Date of Issue \_\_\_\_\_ and Expiration Date \_\_\_\_\_ and Alien Registration Number \_\_\_\_\_  
 Lawful Refugee or Asylee (3) Date of Issue \_\_\_\_\_ and Expiration Date \_\_\_\_\_ and Alien Registration Number \_\_\_\_\_  
 Legal Nonimmigrant (4-9):  
 • Specify Immigration Classification \_\_\_\_\_ and  
 • Date of Expiration \_\_\_\_\_ and  
 • Alien Registration Number or I-94 Number \_\_\_\_\_  
 Do Not Qualify for Any of the Above

8b.  Country of Citizenship \_\_\_\_\_

8c.  AZ Department of Motor Vehicle License or ID Number: \_\_\_\_\_ Date of Issue \_\_\_\_\_ Date and Expiration \_\_\_\_\_  
 Do not possess an AZ Department of Motor Vehicle License or ID Number.

9. Are you currently a member of the U.S. ARMED FORCES stationed in Arizona pursuant to military orders?  Yes  No  
 Are you a dependent of a member of the U.S. ARMED FORCES stationed in Arizona pursuant to military orders?  Yes  No  
 Are you a veteran of the U.S. ARMED FORCES?  Yes  No

10a. What date did your present stay in Arizona begin \_\_\_\_\_ MONTH-DAY-YEAR  
 (If born in Arizona and resided here continuously since birth, use date of birth, go to Section 10b.)  
 Are you a resident of Arizona? \_\_\_\_\_  
 What was your most recent state of residence prior to moving to Arizona? \_\_\_\_\_

10b. In what Arizona county do you reside? \_\_\_\_\_  
 If Maricopa, what date did you move to this county? \_\_\_\_\_ MONTH-DAY-YEAR  
 (If born in this county and have resided here continuously since birth, use date of birth.)  
 What Arizona county did you reside in prior to moving to Maricopa? \_\_\_\_\_

10c. Are you seeking admission under the Western Undergraduate Exchange Program?  
 Yes  No If yes, which state do you currently reside? \_\_\_\_\_

**PREVIOUS EDUCATION**  
 University/College/Vocational School (Check highest level completed.)  
 No college or university (F)  Associate degree (H)  
 Some college or university no degree (G)  Bachelor's degree (I)  
 Master's degree or higher (J)

12. High School (Check one box.)  
 High school diploma (1) HS Name \_\_\_\_\_ State \_\_\_\_\_  
 Month \_\_\_\_\_ Year \_\_\_\_\_  
 GED certificate (2) Month \_\_\_\_\_ Year \_\_\_\_\_  
 Currently enrolled  
 High school (3,6,7,8,9,10) HS Name \_\_\_\_\_ State \_\_\_\_\_  
 (3,6,7,8,9,10) Expected completion Month \_\_\_\_\_ Year \_\_\_\_\_  
 Home-taught (9) Expected completion Month \_\_\_\_\_ Year \_\_\_\_\_  
 No diploma or GED and under age 18 (4)  
 No diploma or GED and age 18 or over (5)

**EDUCATIONAL GOALS**  
 Students should seek academic advisement to discuss their educational plans. Financial aid students must be pursuing an eligible degree or certificate program.

13a. Do you plan to earn a degree or certificate from this college?  
 Yes Degree \_\_\_\_\_ Select from list 1,2,4 on reverse  
 Certificate \_\_\_\_\_ Select from list 3 on reverse  
 No Area of study \_\_\_\_\_ Select from any list

13b. What is your primary reason for attending this college?  
 Prepare for employment (1)  
 Improve my skills at my present job (2)  
 Learn new skills for a better job (3)  
 Prepare for career change (4)  
 For my personal interest or self-improvement (5)  
 Transfer to another community college (6)

Name of Transfer Institution \_\_\_\_\_ Name of Degree or Certificate \_\_\_\_\_  
 Transfer to a University (2) (7152)  
 Name of Transfer Institution \_\_\_\_\_ Name of Transfer Major (Select from list # on reverse)

14. EMPLOYMENT HOURS planned per week while enrolled: \*\*  
 None (1)  11-15 (3)  21-30 (5)  
 1-10 (2)  16-20 (4)  31 or more (6)

15. BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AGE \_\_\_\_\_  
 MONTH DAY YEAR

16. SEX \*\*  Male  Female

17. RACE/ETHNIC BACKGROUND \*\*  
 American Indian or Alaskan Native (1)  Black (3)  White (5)  
 Asian or Pacific Islander (2)  Hispanic (4)  Other (6)

18. INFORMATION RELEASE: Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)?  Yes  No

19. What was the first language you spoke as a child? \_\_\_\_\_  
 What languages were spoken in your home when you were growing up? \_\_\_\_\_  
 What language do you speak most often now? \_\_\_\_\_  
 Do you wish assistance with English fluency skills?  Yes  No

20. It is the student's responsibility to officially withdraw or drop all classes for which he/she has enrolled.

**C O U R S E R E Q U E S T S**

Course and Number Code	Section Number	Course Title

\*\*\* If you require assistance or accommodation to participate fully as a student, please contact Disability Services and Resources (DSR). (602-286-8170)

I certify that the answers on this Student Information Form are true, correct and complete.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

All of the information on this form is confidential and in compliance with the Family Education Rights and Privacy Act of 1974. The Act's provisions are explained in the General Catalog.

\* The Social Security Number is generally used as the Student Identification Number. Students who choose not to disclose their Social Security Number will have a unique Student Identification Number assigned. Students should be aware that a correct Social Security Number must be on file for reporting information pertaining to potential tax credits, and must be used by applicants for federal and state aid. Failure to provide a correct Social Security Number may preclude the determination of eligibility for in-state residency, resulting in out-of-state tuition.

\*\* Voluntary information used to comply with Federal Reporting and has no effect on admission to the college. This information will not be used for any discriminatory purpose.