



SOUTH SUBURBAN COLLEGE

15800 SOUTH STATE STREET • SOUTH HOLLAND, IL 60473 • 708-210-5718

Dual Credit Admissions Application/Registration Form

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Sex: MALE FEMALE Date of Birth _____

Currently Enrolled in _____ High School

For information on:

Optional Disclosure of Private Mental Health, Discrimination and Sexual Harassment Policy for Students and Staff, Federal Drug Free Schools and Communities Act Information, Student Assistance Program Information and the Clery Act please visit your portal under Academic Profile.

SSN#: _____ **REQUIRED FIELD****Your social security number is required in order for you to receive financial aid or a 1098T, as well as for the college's compliance with state and federal reporting requirements. Your SSN will be stored in a single secured location and will not be used for internal college business. *Failure to provide us with your correct TIN or social security number may result in a penalty imposed by the Internal Revenue Service.*

Citizenship Status: US Citizen Permanent Resident (Attach a copy of permanent resident card, both sides) Undocumented/Deferred Action
International Student Citizenship Country If other Than US _____

Ethnic/Ethnicity - Are you Hispanic or Latino? Yes No

1A. Please select one or more racial groups with whom you identify:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

1B. Identify your primary racial/ethnic group. Select One

- American Indian or Alaskan Native
- Asian
- Hispanic or Latino
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

2. Primary Reason for attending SSC at this time? I am currently a high school student enrolling in the SSC Dual Credit Program. Please assign me the SSC program code of *Stud.ndeg.dual*

3. Parental Education Background (select one for each) Mother: _____ Father: _____
A. Not a high school graduate B. High school graduate C. Some college/Associate Degree D. Bachelor's Degree
E. Higher U. Unknown

Register Me for the Following SSC Dual Credit Course - Only One Course per Form

SSC Course Code	SSC Section	HS Period #	Instructor Name

By checking this box and submitting this document to SSC via email I:

- Have acquired the appropriate parent or guardian approval.
- Understand that once processed, I will become a South Suburban College student.
- Certify that the above information is true and correct to the best of my knowledge.
- Understand that if any time this registration does not comply with the Dual Credit Quality Act, my registration may be revoked.
- Understand that if my midterm grade is below a "C" grade I will be dropped from the SSC Course.
- Understand that if my final grade is below a "C" I will be withdrawn from the SSC course and a "W" will appear on my SSC transcript.
- Give permission to release information, including grades, concerning my dual credit enrollment to my home high school.