



North Shore Community College Early College at Lynn APPLICATION CHECKLIST

MAILING ADDRESS

North Shore Community College
Early College
1 Ferncroft Rd, Danvers, MA 01923

northshore.edu/early-college
earlycollege@northshore.edu

Early College at Lynn Application Checklist

THE NORTH SHORE COMMUNITY COLLEGE

EARLY COLLEGE PROGRAM at LYNN provides an opportunity for high school students to take college courses on our Lynn campus.

Students should work with their guidance counselors to determine course selection based on the student's academic skill level and educational goals. Academic and student support services, including academic advising, career counseling, free tutoring, computer labs, and library access are provided to maximize success. Students are eligible to obtain a student ID and participate in NSCC-sponsored activities and clubs.

College level courses taken at NSCC may be transferred to a 4-year college or university. The MassTransfer Program provides a great opportunity to gain admission to participating colleges or universities. Please refer to the link for more information:

www.mass.edu/masstransfer

North Shore Community College is responsive to the needs of students with disabilities. We have a simple procedure for students who would like to request services and establish eligibility for academic accommodations. There are many academic support options for qualified students. Please visit our web site for more information: www.northshore.edu/accessibility

FOR MORE INFORMATION

Please call Susan Curry, *Director of Early College Partnerships*, 978-739-5521.

Questions can also be emailed to earlycollege@northshore.edu

- Step 1:** Complete NSCC's Computerized Placement Test (Accuplacer) unless proficiency can be met by P/SAT/ACT scores:
(*P/SAT scores : 550 in Reading & Writing, 540 in Math;*
ACT scores: 22 in Reading, Writing and Math)
 - No appointment is necessary; test is given on a walk-in basis.
 - For more information and office hours, contact the hotline at 978-762-4000 x4376 or on the web at northshore.edu/cas

- Step 2**
Complete the Early College Application; be sure to include:
 - Parent signature, if under 18 years of age
 - Guidance Counselor signature
 - Copies of Accuplacer/CPT or SAT/ACT scores.
 - Copy of high school transcript.
 - In-State tuition form (*mandatory*).

- Step 3**
Choose your course: Search for current course offerings (including descriptions, times, locations) from northshore.edu/early-college

- Step 4**
Submit the completed application to your high school guidance counselor or the Early College office.
Danvers Campus,
One Ferncroft Rd, Berry Building, Room DB117
Lynn Campus,
300 Broad Street, Room LE329

Completed application can also be submitted by
mail to: North Shore Community College,
NSCC Early College,
1 Ferncroft Rd, Danvers, MA 01923
email to: earlycollege@northshore.edu



North Shore Community College Early College at Lynn APPLICATION

northshore.edu/early-college

PLEASE USE BLUE OR BLACK INK WHEN COMPLETING APPLICATION.

1ST CHOICE COURSE NAME AND COURSE NUMBER: _____

2ND CHOICE COURSE NAME AND COURSE NUMBER (if first course not available): _____

TERM FALL SPRING SUMMER _____ YEAR

HAVE YOU COMPLETED AN NSCC EARLY COLLEGE COURSE(S)? YES NO

HAS EITHER PARENT GRADUATED FROM A 4-YEAR COLLEGE? YES NO

LEGAL LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

PREFERRED NAME

ADDRESS

HIGH SCHOOL

YEAR OF GRADUATION

CITY

STATE

ZIP

GENDER: _____

DATE OF BIRTH _____

MONTH DAY YEAR

HOME PHONE _____

CELL PHONE _____

EMAIL ADDRESS (please print neatly) _____ @ _____

ETHNICITY INFORMATION: Optional

ARE YOU HISPANIC/LATINO? YES NO

ARE YOU: Please check any that apply.

AMERICAN INDIAN OR ALASKA NATIVE

ASIAN

BLACK OR AFRICAN-AMERICAN

NATIVE HAWAIIAN OR PACIFIC ISLANDER

CAPE VERDEAN

WHITE

1. GUIDANCE COUNSELOR APPROVAL SIGNATURE

GUIDANCE COUNSELOR SIGNATURE _____ DATE _____

STUDENT SASID (REQUIRED) _____

TRANSCRIPT ATTACHED

2. STUDENT SIGNATURE

If accepted to the Early College Program at North Shore Community College, I agree to adhere to the North Shore Community College Code of Student Conduct as outlined in the NSCC Student Handbook found at northshore.smartcatalogiq.com/en/current/Credit-Catalog/Student-Handbook

I hereby authorize the release of my academic and student records by North Shore Community College to my school or district and by my school or district to NSCC for legitimate educational purposes.

I understand that if I do not authorize the release of my academic and student records, it is my responsibility to obtain copies of my NSCC / Early College academic transcript for my high school records.

I understand that if I withdraw from a course after the official add/drop period, there will be consequences to my academic record.

I certify that all information stated on this application is accurate and complete.

STUDENT SIGNATURE _____ DATE _____

3. PARENT/GUARDIAN SIGNATURE: I hereby grant permission for my child to apply to the Early College Program at North Shore Community College. Should my child be accepted, I grant permission for him/her to enroll in courses at the college. I understand that as a participant in the Early College Program, it is my child's responsibility to obtain copies of his/her NSCC academic transcript, or authorize release of the information, for inclusion in his/her high school records. **Required if student is under 18 years of age.**

PARENT/GUARDIAN SIGNATURE _____ DATE _____

TELEPHONE _____ EMAIL _____ @ _____

Please note: Accessibility services are available to students that have documented disabilities through the College's Accessibility Services Office. It is important to note that academic accommodations available at the college level differ from those available at the high school level. For additional information regarding the services available, visit Accessibility Services at www.northshore.edu/accessibility/accomodations-dual.html



North Shore Community College Early College Program PHOTO RELEASE FORM

1 Ferncroft Road
Danvers, MA 01970

Danvers Campus
978-762-4000
Lynn Campus
781-593-6722
Middleton Campus
978-762-4000

northshore.edu

A parent or guardian must sign in place of the subject if the subject is under 18 years of age.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LEGAL LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LEGAL FIRST NAME

ADDRESS _____

CITY _____

STATE _____

ZIP _____

I GIVE PERMISSION, WITHOUT RESTRICTION, TO NORTH SHORE COMMUNITY COLLEGE TO:

- Photograph me
- Video me
- Audio record me
- Quote me
- Use a copy of my artwork or writing

I hereby consent, for any and all purposes, to reproduction and/or use of the media noted above by North Shore Community College in any form and in any medium, including advertising, display, or any other use. I hereby release North Shore Community College, the Commonwealth of Massachusetts, and their employees and agents, from and against any liability, including liability for negligence, arising out of or in any way connected to North Shore Community College's use of the materials noted above.

STUDENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Required if student is under 18 years of age.

Massachusetts Community Colleges In-State Tuition Eligibility Form

LAST NAME	FIRST NAME	
MIDDLE NAME	ANY PREVIOUS LAST NAMES	
ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF BIRTH MM / DD / YYYY	
STUDENT ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Are you a U.S. Citizen? Yes No

If not, please complete the following.

ARE YOU A PERMANENT RESIDENT? YES NO IF YES, LIST ALIEN REGISTRATION NUMBER: _____

IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE STATE YOUR VISA OR IMMIGRATION STATUS IN DETAIL: _____

Please check the in-state or reduced tuition eligibility category that applies to you:

_____ I HAVE BEEN A MASSACHUSETTS RESIDENT FOR SIX CONTINUOUS MONTHS AND INTEND TO REMAIN HERE.

As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents* are dated within one year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

- | | | |
|---|--|---|
| <input type="checkbox"/> VALID DRIVER'S LICENSE | <input type="checkbox"/> UTILITY BILLS* | <input type="checkbox"/> EMPLOYMENT PAY STUB* |
| <input type="checkbox"/> VALID CAR REGISTRATION | <input type="checkbox"/> VOTER REGISTRATION* | <input type="checkbox"/> STATE/FEDERAL TAX RETURNS* |
| <input type="checkbox"/> MASS. HIGH SCHOOL DIPLOMA | <input type="checkbox"/> SIGNED LEASE OR RENT RECEIPT* | <input type="checkbox"/> MILITARY HOME OF RECORD* |
| <input type="checkbox"/> RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON* | | <input type="checkbox"/> OTHER _____ |

_____ I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION'S REGIONAL STUDENT PROGRAM.

_____ I AM A MEMBER OF THE ARMED FORCES (OR SPOUSE OR UNEMANCIPATED CHILD) ON ACTIVE DUTY IN MASSACHUSETTS.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Signature of Applicant Date
I certify that all above information is true.

Signature of Parent Date
If applicant is under 18 years of age.

For official use. Do not write in this box.

I have reviewed the above information in order to determine applicant's eligibility to receive the in-state tuition rate.

Based on my review I have determined this applicant:

_____ IS eligible for the in-state tuition rate.

_____ IS NOT eligible for the in-state tuition rate.

_____ I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized College Personnel Signature Date