



North Shore Community College Early College at Lynn APPLICATION CHECKLIST

MAILING ADDRESS

North Shore Community College
Early College Dual Enrollment
1 Ferncroft Road, Danvers, MA 01923

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

Application Checklist

Step 1

Complete NSCC's Computerized Placement Test (Accuplacer) unless proficiency 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 at Lynn Application, be sure to include:

- Parent signature, if under 18 years of age
- Guidance Counselor signature
- Copies of Accuplacer/CPT or P/SAT/ACT scores.
- Copy of high school transcript.

Step 3

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

- Complete course choice information on application, including CRN, Course code, course title and credits

Step 4

Submit the completed application to your high school Guidance Counselor or to the Early College offices.

Danvers Campus, One Ferncroft Rd,
Berry Building, Room DB390
Lynn Campus, 300 Broad Street,
Room LE-329

Documents may be **mailed to:**
NSCC Early College
PO Box 3340
Danvers, MA 01923

or **emailed to:**
earlycollege@northshore.edu

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: northshore.edu/disability_services

FOR MORE INFORMATION

Please call Susan Curry, *Director of Early College Partnerships*, 978-739-5521. Questions can also be emailed 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 F SP SM _____ YEAR

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

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

LAST NAME

FIRST NAME

MIDDLE NAME _____

HIGH SCHOOL _____

YEAR OF GRADUATION _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

GENDER: FEMALE MALE

DATE OF BIRTH

MONTH DAY YEAR

HOME PHONE --

CELL PHONE

--

@

EMAIL ADDRESS (please print neatly)

ETHNICITY INFORMATION: Optional

ARE YOU HISPANIC OR 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 SIGNATURE

GUIDANCE COUNSELOR SIGNATURE _____ DATE _____

STUDENT SASID

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.edu/downloads/student_handbook.pdf

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

I have completed Accuplacer Assessment or I have met prerequisite requirements by SAT/PSAT/ACT scores (copies of scores are attached).

STUDENT SIGNATURE _____ DATE _____

3. PARENT/GUARDIAN SIGNATURE: I hereby grant permission for my child to apply to the Early College Dual Enrollment 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 Dual Enrollment 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 northshore.edu/accessibility

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"/>		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

