

Application for Admissions

Students must submit the following documents to:



The Office of Admissions
Connors State College
 RR 1 Box 1000
 Warner, OK 74469-9700

All Applicants:

All students seeking admission or re-admission into a Connors degree program are required to participate in entry level assessment and course placement to establish proficiency in English, math, reading and science

Student ID Number:

Official Use Only

	YES	NEED	N/A
ACT Scores	_____	_____	_____
SAT Test	_____	_____	_____
Placement Test	_____	_____	_____
Letter HS Princ	_____	_____	_____
HS Trans (8sem)	_____	_____	_____
Immun Rec	_____	_____	_____
College Trans	_____	_____	_____
By _____	Adm.		
Date _____	Re-ad		

Before Mailing: Please be sure you have: (1) Answered all questions completely, (2) Signed and dated this application, (3) Attached an official copy of your transcript(s) reflecting credits completed to date, (4) attached your immunization records

Term ↓ and Year → you plan to start attending

Year: _____

Winter Mini Spring May Mini Summer Aug Mini Fall

Legal: Last Name First Middle Social Security Number

Permanent Home Mailing Address: Street City State Zip Phone Number

Current Student Mailing Address: Street City State Zip Phone Number

Next of Kin: Last Name First Middle Relation Phone Number

Next of Kin Address: Street City State Zip Emergency Phone

Email Addresses: Applicant's Emergency Email Address

Has anyone in your family previously attended Connors? Yes No

Date of Birth City and State of Birth US Citizen Resident Alien Native Language

Mo	Day	Yr		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> English
				<input type="checkbox"/> No, Country	<input type="checkbox"/> No	<input type="checkbox"/> Other, Specify

Residence Status

Oklahoma Resident-R Yrs live in OK _____ Out of State Student – N _____ International Student – N _____
 Oklahoma County State Country

Gender Marital Status Ethnic Classification

<input type="checkbox"/> Male	<input type="checkbox"/> Married	<input type="checkbox"/> White, Non-Hispanic- W	<input type="checkbox"/> Hispanic/Latino- H	<input type="checkbox"/> Asian/Pacific
<input type="checkbox"/> Female	<input type="checkbox"/> Single	<input type="checkbox"/> African American- B	<input type="checkbox"/> Native Alaskan- I	<input type="checkbox"/> Islander- A
		<input type="checkbox"/> Native American- I , Tribe _____	<input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Both

College Major/Area of Interest: _____

Enrollment Classification

First-time HS Concurrent Enrollment Non-degree* seeking Student Dual Enrollment
 Transfer Co-op Alliance Enrollment Returning CSC Student

* A student may earn no more than 9 total hours this classification.

High School Graduate Name & Location of Last H.S. Attended ACT/SAT Test

<input type="checkbox"/> Yes, Mo _____ Yr _____	Name _____	<input type="checkbox"/> ACT? If yes, when _____
<input type="checkbox"/> No, Last grade completed _____	City _____	<input type="checkbox"/> SAT? If yes, when _____
<input type="checkbox"/> Still attending High School	State _____	Were your scores sent to Connors State College?
<input type="checkbox"/> GED, Mo _____ Yr _____	Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will graduate Mo _____ Yr _____		

Educational Objective/Career Objective									
<input type="checkbox"/> Associate of Arts/Science Degree <input type="checkbox"/> Associate of Applied Science Degree <input type="checkbox"/> Certificate of Achievement	<input type="checkbox"/> Personal Interest <input type="checkbox"/> Job Improvement <input type="checkbox"/> Other, Please specify								
Have You Previously Attended Connors State College	Full Name When Last Enrolled at Connors State College								
<input type="checkbox"/> Yes, Yr _____ <input type="checkbox"/> No	_____								
List all colleges attended									
You must submit official transcripts from EACH college attended (even if credit was not earned).									
	<table style="margin: auto; border: none;"> <tr> <td style="padding: 0 10px;">From</td> <td style="padding: 0 10px;">To</td> <td style="padding: 0 10px;">GPA</td> <td style="padding: 0 10px;">Hrs Attempted or Degree</td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> </table>	From	To	GPA	Hrs Attempted or Degree	Month	Year	Month	Year
From	To	GPA	Hrs Attempted or Degree						
Month	Year	Month	Year						
1. _____									
2. _____									
3. _____									
Name Enrolled Under _____									
Are you eligible to re-enroll at the last college/university you attended? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Yes	<input type="checkbox"/>								
No	<input type="checkbox"/>								
<input type="checkbox"/>	Have you ever been suspended or expelled from a college or university? If yes, please explain below.								
<input type="checkbox"/>	Have you ever been convicted of a felony? If yes, please write a description of the circumstances.								
_____ _____ _____ _____									

Admission Statement/Drug Free Policy Agreement

I understand that failure to list all colleges where I previously enrolled, or falsification of this application or my academic records, may result in my suspension for academic misconduct and to my withdrawal from Connors State College with complete forfeiture of fees. Failure to submit all required credentials may result in my being denied readmission and my CSC transcript will be withheld until those credentials are provided.

I certify that the information given above is complete and correct to the best of my knowledge. I understand that on becoming a student at Connors State College I assume an obligation to obey all rules and regulations of the college which have been made by properly constituted authorities. Information can be found in the Connors State College catalog, Student Handbook, and website.

I, the undersigned, also certify that I have received a copy of Connors State College's Drug Free Policy Statement. I also understand that I am to read this policy, in its entirety, prior to my enrollment at Connors State College. Additional copies are available in the Registrar's Office.

Signature _____ Social Security # _____ Date _____

Complete form and return to: **Office of Admissions** **(918) 463-2931**
 Connors State College • RR 1 Box 1000 • Warner, OK 74469

Connors State College, in compliance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972, does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to admissions, employment, financial aid, and education services.



Connors State College

IMMUNIZATION RECORD

NAME: _____ SS #: _____

To be completed and signed by your health care provider or attach copies of records. All information must be in English.

Required (Mandatory) immunization for College Students: Two doses of Measles, Mumps & Rubella (MMR) Vaccine.

VACCINE	ENTER DATE EACH IMMUNIZATION WAS GIVEN		
MEASLES (MONTH, DAY, YEAR)	#1		MEASLES, MUMPS AND RUBELLA (MMR) VACCINE IS NOT REQUIRED FOR COLLEGE STUDENTS BORN BEFORE JANUARY 1957. THE FIRST MMR MUST HAVE BEEN ADMINISTERED NO EARLIER THAN 4 DAYS BEFORE THE FIRST BIRTHDAY. THE 2ND DOSE OF MEASLES, MUMPS & RUBELLA VACCINE OR OF MEASLES VACCINE MUST HAVE BEEN ADMINISTERED AT LEAST 28 CALENDAR DAYS AFTER THE 1ST DOSE. IN LIEU OF IMMUNIZATIONS, WRITTEN EVIDENCE OF LABORATORY TESTS SHOWING RANGE OF IMMUNITY TO MEASLES, MUMPS, AND RUBELLA IS ACCEPTABLE. ATTACH WRITTEN PROOF OF THE CERTIFICATE.
	#2		
MUMPS (MONTH, DAY, YEAR)	#1		
	#2		
RUBELLA (MONTH, DAY, YEAR)	#1		
	#2		
HEPATITIS B (MONTH, DAY, YEAR)	#1		
	#2		
	#3		

RECOMMENDED (OTHER) IMMUNICATIONS			TUBERCULOSIS SCREENING
MENINGOCOCCAL QUADRIVALENT POLYSACCHARIDE VACCINE	#1		1. PPD (MANTOUX) WITHIN THE PAST 6 MONTHS (TINE OR MONOVAC NOT ACCEPTABLE) RESULT: _____ (MEASURED IN MM OF INDURATION). PLEASE DOCUMENT 9 MM IF NO REACTION. 2. IF PPD IS POSITIVE (10 MM OR GREATER), CHEST X-RAY REQUIRED: X-RAY RESULTS: NORMAL _____ ABNORMAL _____ 3. IF PREVIOUSLY TREATED FOR TB, PLEASE SUBMIT COPIES OF MEDICAL RECORDS INDICATING TREATMENT & OUTCOME OF TREATMENT.
POLIO OPV / IPV	#1		
HEPATITIS A MONTH, DAY, YEAR	#1		
	#2		
TETANUS-DIPHTHERIA DTAPORDTP & BOOSTER W/TD	#1		
	#2		
	#3		
	#4		
TD BOOSTER	#1		
TB TEST DATE	#1	#2	

If completed by physician: To the best of my knowledge, the person above has received the above immunizations.

Signed: _____ Title: _____ Date: _____

Physician, Nurse or school authority-Do not sign unless minimum requirements for MMR, Measles, Mumps, Rubella, and Hepatitis B are met.

AUTHORIZATION FOR MEDICAL TREATMENT FOR ALL STUDENTS

By, Signature, I verify that the information on this form is accurate and true.

Signed: _____ Printed Name: _____ Date: _____

FOR ALL STUDENTS UNDER 18 YEARS OF AGE

Parent's or Guardian Signature: _____ Relationship: _____ Date: _____



Immunization Compliance Form

Exemption Statement for Students with Exemptions or Exceptions Incompliance with Oklahoma Statutes, Title 70- §3244

20_____

Name of Student (Please print full name)

Social Security Number

Fall Spring Summer

State law allows for certain exemptions based upon medical contraindications, religious or moral objections. The Board of Regents, in its discretion, includes exceptions to the requirement for vaccinations for each of the following categories of students. ***Students living in campus housing must show proof of immunizations and are required to be vaccinated against meningococcal disease.***

In compliance with Oklahoma law and in accordance with Connors State College policy, the following information is required of all new students.

1 Please check one of the following:

I have received the vaccinations for measles, mumps, rubella and hepatitis B (3 doses) and (if you live in campus housing), meningococcal vaccine as required. (Please attach *copy* of immunization record. Retain original for your files as we are unable to release or make copies of the one you provide).

The administration of the vaccines for measles, mumps, rubella and hepatitis B conflicts with my moral or religious beliefs.

I am submitting a physician's statement indicating it is medically inadvisable for me to take these vaccinations. (Physician's statement must be attached to this form)

I will provide documentation within 15 days of my enrollment.

2 *If requesting exemption, please check exemption below:*

I am a concurrent enrolled high school student.

I graduated from an Oklahoma high school after 1995.

I graduated from a high school in another state that requires vaccinations for MMR and hepatitis B. (Those not included are: Alabama, New Jersey, and West Virginia)

Transferring from an institution within the Oklahoma State System of Higher Education or private institution of higher learning located within the state of Oklahoma and accredited pursuant to Section 4103 of Title 70 of the Oklahoma Statutes; I provided the college/university with a copy of my immunizations.

Born before January 1, 1956;

A member of a National Guard Unit or Military Reserve Unit or who is currently on *active duty* in a branch of the United States military.

Religious Objections: (please summarize) _____

Moral or Personal Objection: (please summarize) _____

3 **Student Signature Required:** The information provided in this document is true and accurate to the best of my knowledge. I understand that falsification of this document may make me ineligible for admissions to or continuation in, Connors State College.

PRINT Students Complete Name

Student Signature

Date

Revised August 2011