

Campus Safety Questions:

Your "yes" answer to one or more of the following questions will not necessarily preclude your being admitted. However, your failure to provide complete, accurate and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment. For the purpose of the following six questions, "crime" or criminal charge" refers to any crime other than a traffic-related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are traffic related.

- 1) Have you been convicted of a crime? (Yes No
- 2) Have you ever entered a plea of guilty, a plea of no contest, a plea of nolo contendere, or an Alford plea, or have you received a deferred prosecution or prayer for judgement continued, to a criminal charge? (Yes No
- 3) Have you otherwise accepted responsibility for the commission of a crime? Yes No
- 4) Do you have any criminal charges pending against you? (Yes No
- 5) Have you ever been expelled, dismissed, suspended, placed on probation, or otherwise subject to any disciplinary sanction by any school, college, or university? Yes No
- 6) If you have ever served in the military, did you receive any type of discharge other than an honorable discharge? Yes No
(Currently Serving (Never Served

If you answered "yes" to any of the six questions above, please explain the circumstances below. Attach a second sheet if necessary.

Applicant Signature

You must promptly notify the Admissions Office in writing of any criminal charge, any disposition of a criminal charge, or any school, college, or university disciplinary action against you, or any type of military discharge other than an honorable discharge that occurs at any time after you submit this application. Your failure to do so will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

HOME FOR THE SUMMER - FEE WAIVER
(Limited to the first 50 Validated Students)

Eligibility Requirements:

- 1. Return home to permanent residence in Guilford County for the summer.
- 2. Enrolled in a University outside of Guilford County during current spring semester
- 3. Submit Waiver by checking box: **Yes requesting Waiver**

IF ADDITIONAL INFORMATION IS NEEDED, THE APPLICANT WILL BE NOTIFIED.

By signing this application, I agree to abide by the policies and regulations of North Carolina A&T State University and to the best of my knowledge, the information I have given is true. I understand that any misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission, or suspension from the University.

Signature _____ Date _____

To help better serve you, we need to know how did you hear about us. Please check all that apply:

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Website (NCAT) | <input type="checkbox"/> Brochure/Flyer | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> Radio/Television | <input type="checkbox"/> Email/Letter | <input type="checkbox"/> Social Media | <input type="checkbox"/> Other _____ |

N.C. A&T does not discriminate against employees, students, or applicants on the basis of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law.

Thank you for applying to North Carolina A&T for your summer classes. You may submit your application and make your payment online here. We will register you in the classes once your application is processed and we have received the signed course request form located below.

NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

**Approval for Admission
As a Non-Degree/Visiting Student**

To Be Completed by the Student:

Students admitted as transient (visiting) students are required to submit this form with the summer sessions application. Print your name, ID#, and address (Permanent and Local) below. You must have your appropriate school/college/university official to complete information below.

Name _____

Last

First

Middle

E-Mail: _____ Contact Number: _____

Permanent Address _____

Street

City

State

Zip

Local Address _____

Street

City

State

Zip

Courses Requested: (Click here to view class schedule)

TERM	SUBJECT	COURSE NUMBER	SECTION	COURSE REF # (CRN)	CREDIT HOURS	START-END TIME	DAYS
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Visiting Students Only:

This section is to be completed by the School/College/University if courses will be transferred back to home institution.

The above named student date of attendance is _____. This student is in good standing at _____ and therefore, has permission to take courses listed above at North Carolina A&T State University.

Signature of Home Institution Representative: _____

Contact Telephone Number: _____

College/School University: _____ Date: _____

IMPORTANT NOTICE

North Carolina State Law requires all undergraduate and graduate students to provide documented proof of the required immunizations. Students will not be permitted to register without proof of all required vaccines. Please contact the Sebastian Health Center at (336) 334-7880 if you have questions.

- NOTE: 1. Download forms to your desktop.
2. Complete and save form
3. Email to ExtendedCampus@ncat.edu or fax to 336-334-7081.**

For Office Use Only

Received: _____

Processed: _____

Banner ID: _____