

SPECIAL APPLICATION FOR HOME-SCHOOLED STUDENTS

Please submit to the Office of Outreach and Admissions at admissions@rcbc.edu or in-person.

APPLICANT PERSONAL INFORMATION

Last Name			First	Middle	Middle		Birth Date		Age	
Street Addr	ress		City	Zip	Zip		High School Year (Fr./Soph./Jr./Sr.)			
Telephone					Anticipated C		Graduation Date			
Student Em	nail									
Gender:		□М	☐ Male ☐ Female ☐ Prefer not to answer							
Are you His	panic or Latin	no? □ Ye	es 🖵 No							
Race:						k or African American Applicable				
				OU PLAN TO ENROLL I Fall Spring Summer Sess	ion I □ Summer S	Session II				
DEPT.	COURSE NO.	SECTION	LOCATION	COURSE TITLE	INSTRUC	TOR CREDIT		DAY TIIV	TIME	
						TOTAL CREDITS				
also affirms a	an intention to a	attend the c the college.	courses listed . I understan	nically prepared and/or meet the define I above. I acknowledge that my actions d and accept that my responsibility can semester/term.	create a financial oblic	ation to RCBC an	d I agree t	o pay all ar	oplicable charges by	
Student Signature						Date				
Parent/Gua	rdian Signatu	re				Dat	e			
Relationship	0									