

YOU MUST PRINT THIS FORM-IT CANNOT BE SUBMITTED ELECTRONICALLY

**Niagara County Community College
3111 Saunders Settlement Road
Sanborn NY 14132-9460**

REQUEST FOR ON CAMPUS STUDY

PART A: Applicant's Information:

Name of Applicant: _____
Last First Middle Initial

Address: _____
Number and Street, Apt # City State Zip Code

Previous Address(s)-How many years did you live there?

Home Phone: _____ Alternate Phone: _____

Date of Birth: _____ Social Security: _____

Applicants who have been previously convicted of a felony:

List of Felony Convictions: _____

Detail any information relative to your felony conviction that you think NCCC should be aware of:
(Use additional sheets if necessary)

Detail information relative to your conduct (before, during and/or following the event causing dismissal) that you would like NCCC to be aware of: (Use additional sheets if necessary)

For students in parole or probation status, **references must be provided** from the Dept. of Correctional Services Division of Parole or the Office of Probation and Correctional Alternatives, including the name and addresses of parole or probation officers:

By submitting this form, I hereby authorize the release of any and all information contained in my criminal records to an authorized representative of Niagara County Community College.

Applicant's Signature: _____ Date: _____

Part B: Must be completed by all applicants

I hereby request admission to study at Niagara County Community College beginning:

Fall 20 ____

Spring 20 ____

Summer ____

Educational major/program applying to: _____

I verify that I have read the Admission for Persons with Felony Convictions policy and guarantee that all of the answers I have provided are truthful and complete. I understand what is required of me before I may be accepted into certain classes, campus housing, participation in clinical or field experiences, internships or study abroad programs. I understand that the College's decision will be based on information provided as a result of this application.

I understand that a prior felony conviction could impact my ability to complete requirements of certain academic programs and/or meet the licensure requirements for certain professions; and I acknowledge that I have been so advised.

I understand and agree that it is my responsibility to disclose to **NCCC** any prior felony conviction(s) if at any time I am seeking campus housing or participation in clinical or field experiences, internships or study abroad programs. I also understand that **NCCC** will require me to report on whether or not I have a prior felony conviction any time I seek campus housing or register for classes that involve clinical or field experiences, internships or study abroad programs.

I understand that whether or not I choose to self-disclose a felony conviction at this time I can at any time request a meeting with the Assistant Vice President of Enrollment Management to discuss my educational pursuits and any impact that a prior felony conviction may have on my academic plans.

I understand that I may at any time **optionally** self-disclose a prior felony conviction and/or request a meeting with the Assistant Vice President of Enrollment Management to discuss my educational pursuits and any potential impact or barriers I may encounter as a result of this felony conviction. I further understand that if I chose to do this at this time no further action, other than meeting with the Assistant Vice President, will take place unless I later seek campus housing or participation in clinical or field experiences, internships or study abroad programs

Signature of Applicant: _____ Date: _____

Please complete this form, sign, and submit to:

Niagara County Community College
Office of Admissions
Sanborn, New York 14132
Ph: 716.614.6200

Part C: To be Completed by NCCC Officials:

Recommended for On Campus Study:

Yes _____

No _____

Explanation of decision:

Name of person submitting recommendation: _____

Title: _____ Agency/Institution: Niagara County Community College

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date: _____