



Application for Admission

Main Campus
 4600 East U.S. 64
 Murphy, NC 28906
 Ph. (828) 837-6810
 Fax (828) 837-3266

Andrews Office
 50 High School Drive
 Andrews, NC 28901
 Ph. (828) 321-2300
 Fax (828) 321-2300

Graham County Center
 145 Moose Branch Rd.
 PO Box 1997
 Robbinsville, NC 28771
 Ph. (828) 479-9256
 Fax (828) 479-6280



“The mission of Tri-County Community College is to help students succeed and to enrich the community”



Our Purpose

Tri-County Community College, an independent unit of the North Carolina Community College System, is an accredited, comprehensive, public-supported, two-year post-secondary institution. Operating in accordance with the statutes of the North Carolina General Assembly, Tri-County Community College adheres to the policies of North Carolina Community College System. Located in the far western portion of North Carolina, the college serves commuting students primarily from Cherokee, Clay and Graham Counties.

Accreditation Statement

Tri-County Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097: Telephone number: 404-679-4501)

If you graduated from High School within the last two years, please check: College Tech. Prep. College Prep.
Do you have articulation credits from Tech Prep.? Yes No

While attending TCCC will you be:

- | | |
|--|---|
| <input type="checkbox"/> Retired | <input type="checkbox"/> Employed 1-10 hours per week |
| <input type="checkbox"/> Unemployed-not seeking employment | <input type="checkbox"/> Employed 11-29 hours per week |
| <input type="checkbox"/> Unemployed-seeking employment | <input type="checkbox"/> Employed 21-39 hours per week |
| | <input type="checkbox"/> Employed 40 or more hours per week |

Please indicate the program for which you are applying:

Program	Codes	Award
<input type="checkbox"/> Accounting	A25100	A.A.S. or Diploma
<input type="checkbox"/> A/C, Heating & Refrigeration	C35100	Certificate
<input type="checkbox"/> Automotive Technology	A60160	A.A.S. or Diploma
<input type="checkbox"/> Business Administration	A25120	A.A.S. or Diploma
<input type="checkbox"/> College Transfer	A10100	A.A.
<input type="checkbox"/> Cosmetology	D55140	Diploma
<input type="checkbox"/> Cosmetology / Instructor	C55160	Certificate
<input type="checkbox"/> Criminal Justice	A55180	A.A.S.
<input type="checkbox"/> Early Childhood	A55220	A.A.S. or Certificate
<input type="checkbox"/> Early Childhood Teacher Associate	A5522B	A.A.S.
<input type="checkbox"/> Electrical / Electronics	A35220	A.A.S.
<input type="checkbox"/> Emergency Medical Science	A45340	A.A.S.
<input type="checkbox"/> General Occupation	A55280	A.A.S. or Diploma or Certificate
<input type="checkbox"/> Healthcare Management	A25200	A.A.S.
<input type="checkbox"/> Horticulture	D15240	Diploma
<input type="checkbox"/> Information Systems Technology	A25260	A.A.S or Diploma
<input type="checkbox"/> Medical Assisting	A45400	A.A.S or Diploma
<input type="checkbox"/> Nursing	A45120	A.A.S or Diploma
<input type="checkbox"/> Office Systems Technology	A25360	A.A.S or Diploma
<input type="checkbox"/> Plumbing	C35300	Certificate (Fall 2003)
<input type="checkbox"/> Real Estate	C25400	Certificate
<input type="checkbox"/> Welding	D50420	Diploma

Non-Degree Seeking Student:

- | | |
|---|--------|
| <input type="checkbox"/> Special Credit | T90990 |
|---|--------|

Students still enrolled in high school should indicate here

NAME OF SCHOOL

ADDRESS or LOCATION

Please check preferred schedule: **Day** **Evening**
 Do you plan to enroll: **Part-time** (Less than 12 hours) **Full-time** (12 or more credit hours)

When do you plan to enter TCCC: **Summer** _____ (year) **Fall** _____ (year) **Spring** _____ (year)

What is your Long Term Goal?

- To obtain an Associate Degree, Diploma, or Certificate To take courses to transfer to another college
- To enhance my job skills in my present field of work To take courses for personal enrichment or interest
- To enhance my employment skills for a new field of work

Students needing assistance with disability accommodations should contact Student Services.

Please check here if you wish to apply for scholarships

Emergency Information

Person to contact in case of emergency:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Note: In case of accidental injury or illness, which requires immediate medical attention, the officials of TCCC will take the student to the emergency room of the local hospital or contact 911 and request ambulance service.

I certify that the information that I have given in this application is accurate to the best of my knowledge, and I agree to observe all rules and regulations of Tri-County Community College. I further agree to allow TCCC to publish photographs and/or personal information pertaining to honor rolls, scholarships, athletic events, news releases and to use personal information with other publications normally considered being that of a two year college. All students enrolling in TCCC shall be deemed to have agreed to publication of personal data as indicated above unless a disclaimer is filed with the Dean of Academic and Student Development Services by the 10th day of the semester in which the initial enrollment is made.

Signature: _____ Date: _____

For Office Use Only

Yes **No** **Accept full for Semester** _____ **Year** _____ **Program** _____
 (All requirements met)

Accept Tentatively _____ **Advisor** _____

Needs: **Transcript** **GED** **Placement Testing** **Petitions of Minor Applicant** **Interview**

Comments: _____
