

# 2015 HCC Re-Activation Form

Housatonic Community College:

I am requesting that my Spring 2015 Admission Application be reactivated for the following semester:

**Check one:** \_\_\_\_ SUMMER 2015    **OR**    \_\_\_\_ FALL 2015    **OR**    \_\_\_\_ BOTH SUMMER/FALL 2015

**Please complete the following:**

I was unable to enroll in classes for the SPRING 2015 term due to: *(check all that apply)*

- I did not complete the 2014-2015 financial aid application in time to have it processed.
- I was unable to meet the measles and rubella immunization requirement.  
(only applicable to students born on or after January 1<sup>st</sup>, 1957)
- I was unable to meet the proof of High School Transcript, High School Diploma or GED graduation requirement.
- HCC did not offer the course(s) I wanted to take at a time or location that fit into my personal schedule.
- Personal, Medical, Financial and Other Reasons

**Applicant Information:** *(Please Print Clearly)*

**Banner ID:** @ \_\_\_\_\_

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<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Maiden Name</b>
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**Street Address**

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<b>City or Town</b>	<b>State</b>	<b>Zip Code</b>
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<b>Home Phone number</b>	<b>Cell or Work phone number</b>
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**Email Address**

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Female     Male

<b>Social Security #</b>	<b>Date of Birth</b>	<b>Gender</b>
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<input type="checkbox"/> US Citizen (Y)	<input type="checkbox"/> Not a US Citizen (N)	<input type="checkbox"/> Permanent Resident (P)
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**Connecticut Residency**

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<b>Name of High School</b>	<b>State/Country</b>	<b>Graduation Year</b>
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<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
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<b>Anticipated Status</b>	<b>Anticipated Major/Program</b>
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<input type="checkbox"/> Very Likely	<input type="checkbox"/> Likely	<input type="checkbox"/> Not Very Likely
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**How likely are you to enroll at HCC for the Summer Semester?**

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<input type="checkbox"/> Very Likely	<input type="checkbox"/> Likely	<input type="checkbox"/> Not Very Likely
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**How likely are you to enroll at HCC for the Fall Semester?**

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<input type="checkbox"/> Yes, Please Call Me <i>Circle one: Morning    Afternoon    Evening</i>	<input type="checkbox"/> No, Not At This Time
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**Would you like to be contacted by one of our admissions counselors?**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

NOTE: IF YOU HAVE ALREADY SUBMITTED A RE-ACTIVATION FORM, PLEASE DISREGARD THIS LETTER