



Northwestern Connecticut
Community College
Park Place East • Winsted, CT 06098
www.nwcc.commnet.edu

READMISSION FORM

For students returning to the college after an
absence of at least 2 years.

*Please print all information requested below and return
to Admissions, Park Place East, Winsted, CT 06098
860-738-6330 or FAX: 860-738-6437*

Date: _____

SSN: _____

STUDENT ID @ _____

Date of Birth: _____

Name: _____

Last

First

Middle

Former

Address: _____

and street

apt. #

City

State

Zip

Telephone: _____

Home

Work

Cell

ETHNICITY/RACE

Please provide the following race and ethnic data. This information is requested on a VOLUNTARY basis by the U.S. Department of Education, National Center for Education Statistics. Your answer will not affect admission to or registration in the college.

Ethnicity: ☐ Hispanic/Latino

☐ Non-Hispanic? Non-Latino

☐ Choose not to respond (None)

What is your race? Choose one or more:

☐ White (10) ☐ Native Hawaiian or Other Pacific Islander (80)

☐ Black or African American (20) ☐ Other (90)

☐ Asian (45) ☐ American Indian or Alaskan Native (50)

☐ Choose not respond (60)

Are you a United States Citizen ☐ yes ☐ no

Email: _____

If no, are you a Permanent Resident? ☐ yes ☐ no

Are you a green card holder ☐ yes ☐ no

Date Last Attended* _____

Term Returning: ☐ Fall ☐ Spring ☐ Summer

Major (see catalog for list of majors) _____

**If you are returning with a grade point average under a 2.0, you should consider applying for the Fresh Start option. Details are described on the back.*

☐ **I plan to apply for a Fresh Start** (see reverse side of this form)

Readmission

If you are seeking a degree and have not done so before, you must attach a copy of your high school diploma, transcript, or GED to this form.

Important:

1. Readmitted students are subject to the curriculum requirements in existence at the time of readmission.
2. Meet with the advisor/program coordinator to review program requirements and academic standing.
3. Submit official transcripts to Admissions if you have attended another college while absent from NCCC.

To the best of my knowledge and belief the information given on this application is completed and accurate. I realize that failure to disclose fully and accurately all the facts relating to this application could be grounds for suspension. When readmitted, I will comply with all the rules and regulations of the College.

Date: _____ Signature of Applicant: _____



Admissions Office

Park Place East
Winsted, CT 06098
(860) 738-6330

APPLICATION FOR FRESH START OPTION FOR READMISSION PLEASE PRINT CLEARLY

Students must request a Fresh Start at the time of Readmission to the College
Please note Fresh Start policy below

Student ID#: @	Social Security#: — —
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Legal Name: _____

Previous Name: (if any) _____

Address: _____
P.O. Box/Street City State Zip

Home Phone #: (____) ____ - _____

Work Phone #: (____) ____ - _____

The Fresh Start Option permits a fresh start for students who have been away from the College for two (2) or more years, and who have a GPA (Grade Point Average) of less than 2.00.

If approved, the student will receive credit for courses with a grade of "C-" or above (≥ 2.00 GPA), including "P" (Pass). All courses and grades remain on the student's academic record with an additional notation of when the Fresh Start Option is in effect.

- The Fresh Start Option may be used only once.
- The Fresh Start Option does not apply to students who have completed degrees or certificates.
- Students must be matriculated to receive a Fresh Start.
- A student must complete a minimum of 15 credits after returning to college under the Fresh Start option to be eligible for a degree or certificate, and for graduation honors.

(Fresh Start is not applicable to determining Financial Aid eligibility)

Please consider this application for the FRESH START OPTION. I understand that I must meet the College's residency requirements and academic standards to be eligible for graduation.

Student Signature: _____

For Office Use Only

Approved ☐ (Terms FS in Effect: From _____ To _____)

Disapproved ☐ (Reason): _____

Signature of Director of Admissions _____

Date: ____ / ____ / ____

☐ Original to Registrar

Copies to: ☐ Student ☐ Financial Aid ☐ File