Radiologic Technology

Program Application

Applications Available: June, 2019
Application Deadline: December 15, 2019
Program Start: Summer, 2020

ADMISSION REQUIREMENTS

The Anne Arundel Community College Radiologic Technology Program is accredited by the Joint Review Committee on Education in Radiologic Technology. Graduates who complete the minimum 69-credit program are eligible for certification in the field of radiologic technology. Our graduates have exceeded the national and state pass rate averages. For the past five years the overall pass rate has been 100%.

To become a candidate for selection to the class, please complete the attached application form along with a photocopy of your Maryland driver’s license, government-issued photo ID card or AACC photo ID card. The application form must be delivered to the Health Sciences office, Florestano Building, room 100, by December 15, 2019, the application deadline. The Health Sciences reception desk is open Monday through Friday, 8:30 a.m. – 4:00 p.m. Late applications will not be accepted.

First consideration will be given to candidates whose resident address is in Anne Arundel County for at least three months prior to the date the application is submitted. The Address Verification form must be submitted with the application. Out-of-county applicants will be reviewed if space is available.

To be considered for conditional acceptance, the applicant must meet the following criteria:

- Attend a face-to-face information session prior to submitting application. Session schedules can be found on [http://www.aacc.edu/apply-and-register/credit-application/health-science-applicants/](http://www.aacc.edu/apply-and-register/credit-application/health-science-applicants/) or you can call 410-777-7310.
- Meet all admission and academic requirements.
- Minimum adjusted grade point average (GPA) of 2.5 at this college.
- Completion of all 7 prerequisite courses with a minimum grade of C in each course and a cumulative prerequisite GPA of at least 3.0 (no rounding) by the end of the fall 2019 semester.
- Arts and Humanities course must be COM 111 or COM 116.
- ATI TEAS: Demonstrate proficient scores of 58.7% or higher in Reading, Science, English/Language and Mathematics with a total ATI TEAS Proficient test score of 65% or higher. Must successfully pass within 2 years of the date application is submitted. Cannot take ATI TEAS more than 2 times in one year, and must take test at approved on-site testing center.
- Official transcripts, if applicable. Official transcripts are to be received by AACC in the sending institution’s original sealed envelope.

NOTE - Recommended but not required:
- Science and Math prerequisite courses be taken within 7 years of the semester the application is submitted.
- 60 hours of volunteer/employment experience in a clinical health-related setting (within the last 7 years).
- 2 Letters of Professional Recommendation to be submitted at the time of application; the form is attached.

Eligible applicants will receive a selection packet assigning them to one of the following categories:

- **Conditional Acceptance**: Applicants who have met the academic and admission requirements and have been selected into the Radiologic Technology Program. With the selection packet, conditionally accepted students will receive the health examination record, criminal background check and CPR instructions to be completed by a designated deadline. Conditional acceptance candidates who do not meet this deadline will not be considered for admission and the next person on the list will be contacted.
Wait List: In the event there are more qualified applicants than seats available, qualified applicants not initially conditionally accepted will be placed on the wait list in rank order and notified of selection if and when seats become available. Qualified out-of-county applicants will be placed at the end of the wait list.

Final acceptance in the program shall be contingent upon satisfactory completion of an interview, shadow lab, criminal background check, health examination record, and submission of a copy of the required CPR card. Completion of RAD 101 with a grade of C or better is required for final program acceptance and to progress in the program. A drug screening may be required.

Criminal Background Checks and Drug Screening

All Health Sciences students who are offered admission and/or clinical placement will be required to submit to a complete criminal background check and urine drug screen. All student applicants’ final acceptance in the program shall be contingent upon satisfactory completion of a criminal background check and of a urine drug screen.*

All letters of acceptance shall state that the acceptance is conditional and contingent on submission to a criminal background check and urine drug screen—as may be required by the program—that results in satisfactory reports. If an accepted student tests positive for an illegal or un-prescribed drug, the student shall be denied admission or terminated from any health sciences program.

Separate, additional criminal background checks and urine drug screens may be required by clinical sites prior to placements. Students with an unsuccessful background check or urine screening who are denied by a clinical site that is required to meet program competencies shall be dismissed from the program and their registrations shall be withdrawn from courses related to the program of study. If the student tests positive for an illegal or un-prescribed drug, the student shall be denied admission or terminated from any Health Sciences program even if a denied placement was not required to meet program competencies. Successful reports of criminal background checks and urine drug screens do not assure eligibility for specific clinical site placement, program completion, and/or eligibility to sit for professional licensure/board examinations.

Students are reminded that licensing boards for certain health care occupations and professions may deny, suspend, or revoke a license or may deny the individual the opportunity to sit for an examination even if the individual has completed all program course work if it is determined that an applicant has a criminal history or has been convicted of, or pleads guilty, or pleads nolo contendere or the like to a felony or other serious crime.

Successful completion of a Health Sciences program of study at Anne Arundel Community College does not guarantee licensure, the opportunity to sit for a licensure examination, certification or employment in the relevant health care occupation.

Students may be automatically denied admission or, if enrolled, dismissed from the program if they have not been truthful or have provided inaccurate information on the application or on any other form or submission. Students who have questions or concerns are encouraged to contact the Health Sciences Admissions Office at healthsciencesadmissions@aacc.edu.

* Notwithstanding the statements herein regarding urine drug screens, as of September 2010, only certain programs will be requiring drug screening. AACC shall inform students which programs presently require them. However, AACC, at any time, has the right, upon notice, to require any and all students in any and all programs to comply with drug screening.

NOTE: Licensing boards for certain health care occupations, including Radiologic Technology, may deny, suspend, or revoke a license or may deny the individual the opportunity to sit for an examination even if the individual has completed all program course work, if it is determined that an applicant has a criminal history or is convicted or pleads guilty or nolo contendere to a felony or other serious crime. If applicable, it is recommended to contact the American Registry of Radiologic Technologists for clarification at 651-687-0048.

AACC will only accept criminal background checks performed by college approved vendor. Criminal background checks are completed online and must be paid for by the student. Information and instructions are given to applicants once accepted into the program.
RADIOLOGIC TECHNOLOGY
SUMMER 2020
Application Deadline – December 15, 2019
Program Application

Transcript(s) being submitted to AACC for the first time must be in the institution's original sealed envelope and attached to this application. You will be notified by the Records Office of any courses that do not transfer as equivalent to coursework at AACC.

Incomplete applications will be returned to the student and can be resubmitted only after they are complete. Please type or print legibly.

<table>
<thead>
<tr>
<th>Demographic Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Last 4 digits of social security #</td>
</tr>
</tbody>
</table>

The mailing address you provide on this application will be your address of record. **It is your responsibility to notify the Health Sciences Office as well as the Records Office of name, address and phone number changes during the application process.**

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
</tr>
</thead>
</table>

**AACC Email Address – Required**

@myemail.aacc.edu

*Applicants are advised to check their AACC email account periodically for placement updates and notices.*
By signing below, I agree/understand the following:

1. I have an active admission status at AACC and am in Good Standing (2.5 GPA>) with the college.
2. I have submitted final official transcripts from **ALL** previously attended colleges and, if needed, high school transcript with submission of this application. International students must submit official transcript evaluation report from ECE, WES or SpanTran to verify/authenticate your high school and/or college transcripts. It is not necessary to submit AACC transcripts.
3. My AACC email address is required for correspondence with AACC.
4. If information is missing from my application or file, it will **NOT** be processed and will be returned to me.
5. Copy of Maryland driver’s license, other government-issued photo ID or AACC photo ID card must be attached to the application.
6. Final acceptance into the Radiologic Technology Program is contingent on attending a face-to-face Information Session prior to submitting an application.
7. I have attached a copy of my ATI TEAS Individual Performance Profile.
8. Letters of Recommendation, Patient Contact Experience and taking Math and Science courses within 7 years are recommended but not required.

Signature: ____________________________ Date: ____________________________

**Incomplete applications will NOT be considered**

### RADIOLOGIC TECHNOLOGY ADMISSION REQUIREMENTS

<table>
<thead>
<tr>
<th>ATI TEAS</th>
<th><strong>ATI TEAS (Test of Essential Academic Skills)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The ATI TEAS must be taken within two years of the date the application is submitted. You may not take the test more than two times in a one-year period. The test submitted with application must have been successfully passed within 2 years of date of application with a minimum overall score of 65%.</td>
</tr>
<tr>
<td></td>
<td>The minimum acceptable percentile ranking scores for each individual content area below is 58.7%.</td>
</tr>
<tr>
<td></td>
<td><strong>Reading</strong>  <strong>Math</strong>  <strong>Science</strong>  <strong>English</strong></td>
</tr>
</tbody>
</table>

A copy of your TEAS Individual Performance Profile **must be attached** to the application. **NOTE:** If you previously took the TEAS V and achieved the above-mentioned scores or better within the specified time frame, it will be accepted. ATI TEAS or previous TEAS V **not taken in person at an approved on-site testing center will not be accepted.**

<table>
<thead>
<tr>
<th>TRANSCRIPTS</th>
<th>Must submit <strong>official</strong> transcript indicating graduation/GED from high school or date degree conferred from college/university. <strong>Official</strong> transcripts are to be received by AACC in the institution’s original sealed envelope.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Check below your level of education, indicating where the official transcript was earned:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- I am a high school/GED graduate. No college degree earned.</td>
</tr>
<tr>
<td></td>
<td>Grade School: __________________________ Date graduated: __________________________</td>
</tr>
<tr>
<td></td>
<td>- I have an Associate Degree</td>
</tr>
<tr>
<td></td>
<td>College: __________________________ Date conferred: __________________________</td>
</tr>
<tr>
<td></td>
<td>- I have a Bachelor’s Degree</td>
</tr>
<tr>
<td></td>
<td>College: __________________________ Date conferred: __________________________</td>
</tr>
</tbody>
</table>
List all courses below that have been completed with a C or better. NOTE: It is recommended but not required that Science and Math prerequisite courses be taken within 7 years of the semester the application is submitted.

<table>
<thead>
<tr>
<th>TERM 1 COURSES</th>
<th>GRADE</th>
<th>CREDITS</th>
<th>COLLEGE WHERE COMPLETED</th>
<th>TERM</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO 231</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Human Biology 1 and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO 232</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Human Biology 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO 233</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*A &amp; P 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO 234</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*A &amp; P 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math 137 – Math 145, 151, 191, or 230 satisfies MAT 137 requirement. (Former MAT courses 121, 131, 141 or 142 will also satisfy MAT 137 requirement.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENG 101/ENG101A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previously completed ENG 111/115 or 121 will be accepted.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENG 102</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previously completed ENG 112/116 or 121 will be accepted.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC 111</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COM 111</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COM 116</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# BACKGROUND INFORMATION

Submit explanation of questions for which you answer "yes" and provide documents relating to your answer in a sealed envelope attached to this application. Attention: Tammie Neall

Do not write explanation(s) on the application.

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>□ No</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Were you ever disciplined for any academic or behavior/conduct issue by any college, university, or any other educational institution after high school including, but not limited to, probation, dismissal, suspension, disqualification, or imposition of a failing grade as a disciplinary sanction? If your answer is yes provide a written explanation and all relevant documents relating thereto.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have you ever been convicted of a crime, driving while intoxicated or impaired (either by alcohol or drugs), had your driving privileges suspended or revoked, and/or are there any pending charges regarding any of the above? If your answer is yes provide a written explanation and all relevant documents relating thereto.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have you ever surrendered your driver's license or had such license suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have you ever surrendered a professional license, certification or registration, or had one restricted, suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have you ever been placed on professional probation, had conditions or limitations placed on your ability work even if your license had not been restricted, suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have you ever had your clinical privileges at any office or facility restricted, suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.</td>
</tr>
</tbody>
</table>

**NOTE:** Licensing boards for certain health care occupations, including Radiology, may deny, suspend, or revoke a license or may deny the individual the opportunity to sit for an examination even if the individual has completed all program course work, if it is determined that an applicant has a criminal history or is convicted or pleads guilty or nolo contendere to a felony or other serious crime.

I certify that the information on this application is true and accurate to the best of my knowledge. Falsification or misrepresentation of any information on this application may result in being denied admission to the program. I understand that final acceptance into the Radiologic Technology Program shall be contingent upon satisfactory completion of a criminal background check and satisfactory completion of a health examination record.

Signature: ___________________________     Date: ___________________________

PRINT NAME: ___________________________
RECOMMENDATION FORM – RADIOLOGIC TECHNOLOGY PROGRAM

Part 1: This part to be completed by the applicant

Name: ____________________________________________________________

Last   First   Middle

Address: ____________________________________________________________

Street Address    City    State    Zip

I hereby authorize the release of an evaluation to assist in the admission process by Anne Arundel Community College’s Radiologic Technology Program. I understand that such materials will be kept confidential, both from the public and me. I waive any right of access that I might have by law. I further understand that the Radiologic Technology Program does not require that I sign this statement. I understand that the application will be reviewed without the waiver.

Signature: ___________________________ Date: _________________________

Part 2: This part to be completed by the reviewer

Please make every attempt to complete this document in a timely fashion as it is an integral part of the applicant’s packet. The application may be declined if this is not received by December 15th. Please complete the evaluation candidly and carefully. Your professional opinion is an important part of the selection process. Once the form has been completed, please return the form in a sealed envelope with your signature across the seal of the envelope to the student or mail it directly to:

Anne Arundel Community College
Radiologic Technology Program
101 College Parkway
Arnold, MD 21012

Name of Referrer: ____________________________________________________

Name of Company/College: _____________________________________________

Title of Referrer: _____________________________________________________

How long have you known the applicant? _________________________________

In what capacity have you known the applicant? ____________________________

Telephone: ( ) ___________________________ Email: ________________________
Please rate the applicant using the following scale. Please return to student in a sealed envelope with your signature across the seal on the back of the envelope.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very D Dissatisfied</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Qualities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to avoid conflict</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to resolve conflict</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to complete a task</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response to constructive criticism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempts to improve performance based on suggestions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention to detail</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coping skills in a stressful environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional judgement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership capability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morale booster</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to follow directions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teamwork skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of written expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of oral communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of problem solving capability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work ethic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trustworthiness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective/Proficient time management skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall professional ethical behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willingness to seek assistance when applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Qualities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective/Proficient study skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective/Proficient test taking skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective/Proficient math skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please add any remarks that you feel the admissions committee may find helpful. You may attach a separate paper if you choose.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What is your recommendation for the admission committee of the School of Health Sciences Radiologic Technology Program?

- O Strongest recommendation
- O Recommend with confidence
- O Recommended
- O Recommend with reservation
- O Not recommended

Signature of referrer: _____________________________ Date: ________________

Company name: _______________________________________________________________________

Thank you for your time and thoughtfulness in assisting in this applicant’s admission process.
PATIENT CONTACT EXPERIENCE VERIFICATION FORM

Applicants are encouraged to have 60 hours of volunteer and/or employment experience in a clinical health-related setting at the time of application within the last seven years. To verify volunteer/employment experience the employer must complete this verification form.

APPLICANT INFORMATION:

Name:  
Address:  
Telephone Number:  
Employer:  
Address:  
Telephone Number:  
Name of Business:  
Position Held:  
Description of Duties: (Must involve patient contact)

Was this Volunteer Experience:  
☐ YES  
☐ NO

Supervisor:  
Telephone Number:

Dates of Employment/Experience: From  
To

Number of Months Worked: Full-time  
Part-time

Total Hours of Patient Contact Experience From This Employer:

STATEMENT OF CERTIFICATION

I certify that all the information I have provided on this form is true, complete and correct to the best of my knowledge and belief, and is made in good faith. I know and understand that any or all items contained herein are subject to verification and I consent to the full release of information from the employer listed for the purpose of verifying the information I have provided.

Applicant Signature  
Date

EMPLOYER VERIFICATION

Please complete this form and return it in a sealed and signed envelope to the applicant.

I verify that the employment information provided by the applicant is true and correct to the best of my knowledge.

Signature of Supervisor  
Title  
Date

Printed Name  
Name of Company & Department  
Telephone No.

COMMENTS:
Consideration will be given only to candidates whose verified resident address is in Anne Arundel County for at least three months prior to the date the application is submitted.

The Address Verification Form is part of the application packet and must be completed in its entirety with the application. Be sure to include two documents as listed on the form to verify residency. If not selected for the initial class, the Address Verification form must be resubmitted to the Records Office.

Questions pertaining to this form can be addressed to Melissa Mumma in the Records Office at 410-777-2721.

**OUT OF COUNTY APPLICANTS WILL BE REVIEWED ONLY IF SPACE IS AVAILABLE.**
RESIDENCY PETITION FOR RADIOLOGIC TECHNOLOGY SUMMER 2020

Directions: In order to be considered for a change in billing status complete all items on the petition and submit along with acceptable documentation within the term for which you are applying. REQUESTS WILL ONLY BE CONSIDERED FOR CURRENT OR FUTURE TERMS.

If you the student support yourself, provide a minimum of two of the documents listed below in your name, at current resident address and dated three months prior to the start of the semester you are applying for.

If for the most recent 12 months, another person(s) has provided one-half or more of your financial support, provide a minimum of two documents listed below in your supporter’s name, showing current resident address and dated three months prior to the start of the semester you are applying for. In addition, you will need to provide one document from the list below in your name showing your current resident address and dated three months prior to the start of the semester in addition to the two documents from your supporter. The supporter must also complete the information requested in Section B.

For example: Spring 2014 semester starts January 22, 2014, documents must be dated before October 22, 2013.

Acceptable Documents:
- Maryland Driver’s License
- Maryland Voter Registration Card
- Copy of Deed of Trust or Signed Lease
- Maryland Withholding Form – MW 507 (not U.S. W-2)
- Maryland Income Tax Return (not U.S.)
- Utility Bill: gas, electric, water, phone, cable, etc.
- Vehicle Registration Card

The college reserves the right to request additional information and documentation as necessary.

Active Duty Military Personnel Only:
Complete this form with a copy of your military ID (also dependent ID, if spouse or child), copy of orders, and a copy of housing assignment, lease, deed or utility bill showing your resident address.

Honorable Discharged Veterans Only:
Complete this form with a copy of your DD-214 and one of the acceptable documents listed above in your name and showing your resident address. If your DD-214 is already on file, please indicate that at the top of this form.

SECTION A – TO BE COMPLETED BY STUDENT

Term ___________________ Year _____________

1. Student Name____________________________________________________ AACC ID #: ______________________

2. Are you a US citizen? ______     ______                        *If no, are you a permanent resident?  _____      _____
   Yes          No*                           (Bring green card with you)              Yes           No

3. Home Address____________________________________ City, State, Zip________________________________________
   County__________________________   Day Phone:  _______________________ Evening:  _________________________

4. Dates of occupancy at above address _________________________________       ________   ________
   Own           Rent

5. Previous Address __________________________________ City, State, Zip _______________________________________

How long did you live at this address? ___________________________

6. Are you registered to vote? _______________________________________
   Yes       No

County and State ______________________________________________________________________________

7. Do you possess a valid driver’s license? _____________________________
   Yes       No

If yes, in what state issued? ____________________________ County__________________________ Date of Issuance_________________
8. Do you own a motor vehicle?   ______     _____  
   Yes          No  
   If yes, in what state issued?__________________ County__________________________ Date of Issuance_______________

9. Do you have the use of another person’s motor vehicle?   ______    _____  
   Yes          No  
   If yes, provide name ____________________________________ Relationship to student_____________________________

10. Are you paying Maryland income tax for this year on all earned income? _____     _____  
   Yes          No  
   If yes, which county? ____________________________________

11. List where you have filed income tax returns for the past two (2) years.
   2016   State________________ County___________________________
   2017   State________________ County___________________________

12. If employed, is Maryland income tax currently being withheld? _____     _____  
   Yes          No  
   If yes, which county? ____________________________________

13. For the most recent 12 months, has another person(s) provided one-half or more of your financial support?  _____    _____  
   Yes*       No  
   * If the answer to question 13 is “Yes”, SECTION B (next page) must be completed by your supporter.

The college reserves the right to request additional information and documentation if necessary.

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

________________________________________________________          __________________________
Signature of Student (required)                                 Date

---

OFFICE USE ONLY

ACCEPTABLE DOCUMENTS:   VETERANS
1. _____ MD driver’s license       1. _____ DD 214
2. _____ MD income tax return (not U.S.)       2. _____ One of the Acceptable Documents
3. _____ Voter registration card
4. _____ Vehicle registration
5. _____ Utility bill showing home address
6. _____ Copy of deed of trust or signed lease
7. _____ MD withholding form – MW 507 (not U.S. W-2)

MILITARY
1. _____ Military ID (also Dependent ID, if spouse or child)
2. _____ Copy of orders
3. _____ Copy of housing assignment, lease, deed, or utility bill showing resident address

DECISION
□ In-County  □ Out-of-County  □ Out-of-State       Term & Year ____________________________

________________________________________________________          __________________________
Signature of Registrar                                 Date
SECTION B – TO BE COMPLETED BY SUPPORTER IF ANSWER TO QUESTION 13 IN STUDENT SECTION IS “YES”

1. Name of Supporter_________________________________________   Relationship to Student__________________________________

2. Are you a US citizen?  _____     _____ *If no, are you a permanent resident? _____      _____  
   Yes         No*         (Bring green card with you)                  Yes          No

3. Supporter’s Address______________________________________ City, State, Zip_________________________________
   County____________________________  Day Phone: ___________________________ Evening:  ______________________________

4. Dates of occupancy at above address _________________________________       ________   ________
   Own           Rent

5. Previous Address_________________________________________ City, State, Zip ___________________________________________
   How long did you live at this address?________________________

6. Are you registered to vote? _____    _____ County____________________________________
   Yes        No

7. Do you possess a valid driver’s license?  _____     _____
   Yes         No
   If yes, in what state issued?____________________ County_________________________ Date of Issuance________________________

8. Do you own a motor vehicle?   _____     _____
   Yes         No
   If yes, in what state issued?______________________ County_______________________ Date of issuance________________________

9. Do you have the use of another person’s motor vehicle? _____     _____
   Yes         No
   If yes, provide name ____________________________________ Relationship to student_______________________________________

10. Are you paying Maryland income tax for this year on all earned income? _____     _____
    Yes          No
    If yes, which county? ___________________________________

11. List where you have filed income tax returns for the past two (2) years.
    2016  State___________ County__________________________________
    2017  State___________ County__________________________________

12. If employed, is Maryland income tax currently being withheld?  _____     _____
    Yes         No
    If yes, which county? ___________________________________

Additional Information: ___________________________________________________________________________________ ___________

The college reserves the right to request additional information and documentation if necessary.

I CERTIFY THAT I HAVE SUPPORTED THE ABOVE-NAMED STUDENT FOR THE MOST RECENT 12 MONTHS AND THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

_________________________________________________              ______________________
Signature of Supporter                                                                                               Date

Notice of Nondiscrimination: AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2306 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days’ notice. For information on AACC’s compliance and complaints concerning sexual assault, sexual misconduct, discrimination or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, complianceofficer@aacc.edu or Maryland Relay 711.