

MEXICAN AMERICAN CATHOLIC COLLEGE

Registrar's Office | 3115 W Ashby Place | PO Box 28185 | San Antonio TX 78228
 210-736-2963 (fax) | 210-732-2156 (phone) | registrar@maccsa.org

Application for Visiting Admission

Instructions: Read and follow the *Admission Requirements and Instructions* when completing this form.

A. Applicant

Mr. Mrs. Ms. Miss Fr. Rev. Bro. Sr. Dr. | Seminarian
prefix/title *check here if you are a Seminarian*

_____ *first name* *middle name* *maiden name* *last name*

_____ *nickname/preferred name* _____ *suffix/title*

_____ *social security number* _____ *religious affiliation* _____ *and* _____ *(arch)diocese* _____ *date* _____ *and* _____ *country of birth*

Single Married Divorced Widowed | Male Female
marital status *gender*

Hispanic American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander

White Two or more races Other: _____
Ethnicity

B. Address

Current Address: This is my permanent address, but I will reside at my "Preferred Address" during my studies at MACC.
 This is my permanent address, and it is where I will reside during my studies at MACC.

_____ *address (line 1)* _____ *email (personal)*

_____ *address (line 2)* _____ *phone (home)* _____ *phone (cell) provider:*

_____ *city state zip* _____ *country* _____ *phone (work, optional)* _____ *fax*

Mailing Address: My mailing address is the same as my "Current Address."
 My mailing address is the same as my "Preferred Address" during my studies.

_____ *address* _____ *email*

_____ *city state zip* _____ *phone* _____ *phone (cell) provider:*

Billing Address: Please bill me at my "Current Address" Diocese Please bill me at my "Preferred Address."
 I will complete the *Application for Credit Authorization* to open a charge account with the library/bookstore.

_____ *address* _____ *email*

_____ *city state zip* _____ *phone* _____ *phone (cell) provider:*

C. Enrollment

Semester of Entry: Fall Spring Summer **Year:** _____ **Type:** Full-time Part-time Less than part-time

D. Highest Level of Education

name and address	enrollment	credential	Other
high school:	start:	diploma:	gpa:
	end:	rank:	honors:
college	start:	credits:	gpa:
	end:	degree:	honors:
	program(s) of study:		

E. Registration Data

<i>course number and course title</i>	<i>professor</i>	<i>sch</i>	<i>credit</i>	<i>audit</i>

F. Acknowledgement

I **acknowledge** that all of the information I have provided is true and accurate; **understand** that false and inaccurate information forfeits my eligibility for admission to and/or enrollment at MACC; and **pledge** to demonstrate personal and academic integrity in all matters if I am accepted as a student at the Mexican American Catholic College.

_____ student's signature

_____ date

BELOW THIS LINE, FOR REGISTRAR'S OFFICE USE ONLY

att/em: _____
 gpa: _____
 decision: _____
 graduation: _____

received: _____
 reviewed: _____
 verification: _____
 follow-up: _____

student id

_____ processed by