



3115 W. Ashby Place or P.O. Box 28185
San Antonio, Texas 78228-5104 U.S.A.
Phone: (210) 732-2156 ext. 7102
Fax: (210) 732-9072

Email: register@maccsa.org; Web: www.maccsa.org

Application for Admission

Application fee: \$20 Entire application must be complete for admission consideration.

Please print or type in black ink.

Personal Information check one: Mr. Mrs. Ms. Miss Bro. Sr. Rev. Fr. Dr.

check one: Single/ Soltero/a Married/ Casado/a Divorced/ Divorciado/a

Widowed/ Viudo/a

Name Last/Apellido First/ Primer Nombre Middle/Segundo Nombre

Preferred name/Nickname Maiden/Former Last Name

Current Address Domicilio actual No. & Street/ Número y Calle Apt. No. City/Ciudad State/Estado Zip Code/Zona postal

County (if Texas) Country/Pais (If outside USA)

Mailing address (if different from above) No. & Street/ Número y Calle Apt. No. City/Ciudad State/Estado Zip Code/Zona postal

Billing address (if different from above) Contact Person Position Phone Number

Domicilio actual No. & Street/ Número y Calle Apt. No. City/Ciudad State/Estado Zip Code/Zona postal

Home Phone () Cell Phone () Email Número de teléfono

USA Tax-Exempt # (if applicable) Male Female Religion

Date of Birth / / Place of Birth Fecha del Nacimiento Mes/ Dia / Year/Año City/Ciudad de nacimiento State/Estado

Country/Pais (if outside USA)

Social Security Number - - U.S. Citizen Yes No Permanent Resident Yes No
Número de Seguro Social (optional/opcional) If yes, submit a copy of Permanent Resident Card, front and back.

International Applicants Country of citizenship Do you currently have a U.S. visa? Yes No If yes, what kind? Letter

Ethnicity: for statistical purposes only. (required only of U.S. Citizens or permanent residents):

- American Indian Asian, Pacific Islander African American, Black
Caucasian, White Hispanic Other

Do you have a medical condition or handicap that requires special attention, drugs, equipment, or facility accommodations which would affect your attendance? Yes No If yes, what are your specific needs? _____

Have you ever been convicted of a felony? Yes No

Educational Information

Freshman Information

Name of High School _____ Date of Entry _____

Graduation Date _____

Address _____ GPA _____ Rank _____ Public Private

City _____ State _____ Zip _____ Phone Number (____) _____

Home Schooled? Yes No GED (General Education Development)? Yes No Date _____
Score _____

Dual Credit Yes No College/ University _____ City/ State _____

Every applicant must submit scores from one of the following tests:

SAT Scores: Critical Reading (Verbal) _____ Math _____ Writing _____

ACT Composite _____ Writing _____

<p>NOTE: Please have official test scores sent directly to MACC. MACC's Institutional codes are: ACT 4265; SAT 5957</p>
--

Other than English, what languages do you speak? _____

Transfer Student Information

List all colleges/ universities in which you have enrolled, regardless of academic credit received. Begin with the most recent school first. **Attach additional page if necessary.** Request an official transcript from each school.

School _____ City/ State _____ Dates enrolled _____

School _____ City/ State _____ Dates enrolled _____

School _____ City/ State _____ Dates enrolled _____

School _____ City/ State _____ Dates enrolled _____

Are you currently enrolled in a college/ university? Yes No Which school? _____

Have you ever been placed on academic probation or suspended from any school? Yes No

Have you ever been denied admission to a school? Yes No Have you ever been expelled by a school? Yes No

If yes, explain and give dates _____

List academic achievements and any volunteer work you have performed.

Enrollment Information

Semester in which you plan to enroll Fall Spring Summer Academic Year _____

Course Load Full-time Part-time

Classification First-time Freshman Transfer Transient Auditor Non-degree

Housing Preference On campus Commuter _____
If commuter: Address where staying Phone number

Have you taken classes at MACC before? Yes No If yes, years attended _____

In case of an emergency, please contact./En caso de sufrir una crisis o accidente, ¿a qué familiar o persona debemos avisar?

Name/Nombre Relationship/Relación Telephone Number/Número de teléfono Address/Dirección

I certify that the information on this application is complete and correct. I understand that submission of false or incomplete information may result in the denial of this application, or my subsequent dismissal from the Mexican American Catholic College. I understand that all material (including transcripts) submitted in support of my admission becomes the property of MACC, and cannot be returned.

If I am accepted as a student at MACC, I pledge to demonstrate personal and academic integrity in all matters.

Signature in blue ink

Date

Notice of Nondiscriminatory Policy as to Students

The Mexican American Catholic College (MACC) admits students of any race, color, national or ethnic origin, sex, age, disability or religion to all the rights, privileges, programs and activities generally accorded or made available to students at the school. MACC does not discriminate on the basis of race, color, national or ethnic origin, sex, age, disability or religion, in administration of its educational policies, admission policies, scholarships, or other MACC-administered programs.

AMERICANS WITH DISABILITIES ACT (ADA). MACC provides reasonable accommodations to enable students with physical and learning disabilities to participate in and benefit from all college educational programs and activities. For more information on eligibility and accommodations, please visit MACC, Office of Admissions, at www.maccsa.org, or call 210-732-2156, Ext. 7102.

Attach essay, three recommendations (in sealed envelopes) and application fee to this completed application.