Rockingham Community College
Summer Course Request Form

NAME _____ **SSN** _____
(LAST) (FIRST) (MIDDLE)

Do you receive any type of Financial Aid? YES NO First semester at RCC? YES NO
Will you complete graduation requirements at the end of this semester? YES NO

Course Number	Sec	Days and Times	Credits	Check if Applicable RE	AU	SU	CE	IST
		TOTALS						

Student Signature _____

Advisor's Signature _____ **Date** _____

We must report the number of students who fall into various categories. A good portion of our Federal and State funding depends on this information. Please take a minute and complete the questionnaire below.
Your cooperation is greatly appreciated!

Employment:
Please check the one that applies to you.

___ 1. Retired
___ 2. Unemployed - not seeking employment
___ 3. Unemployed - seeking employment
___ 4. Employed 1 - 10 hours per week
___ 5. Employed 11 - 20 hours per week
___ 6. Employed 21 - 39 hours per week
___ 7. Employed 40 or more hours per week

OFFICE USE

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If any of the following apply to you, please check:

___ High School dropout (with or wihtout GED)
___ Receives some type of public assistance (AFDC, Food Stamps, Pell Grant, Low Income Housing, etc.)
___ Hard of hearing
___ Deaf/hearing impaired
___ Speech impaired
___ Visually impaired
___ Orthopedically impaired
___ Learning disability
___ Other handicap - please explain: _____
___ My native language is not English
___ A single parent with responsibilities for small children
___ Displaced homemaker (someone who must prepare for paid employment because of a divorce, separation, or the death of a spouse)
___ None of the above