

**Coahoma Community College
Division of Student Engagement
Counseling Center**

APPLICATION

Applicant Information

1. Name _____ Social Security # _____
2. Mailing Address _____ City _____ State _____ Zip _____
3. Physical Home Address _____ City _____ State _____ Zip _____
4. Telephone Number _____ Sex _____ Age _____ Date of Birth _____
5. Major _____
6. Ethnic Group: _____ White _____ African American _____ American Indian
_____ Asian _____ Hispanic _____ Other
7. Marital Status: _____ Single _____ Married _____ Divorced _____
8. Do you have any children? _____ Are you pregnant? _____ Yes _____ No
9. Have you ever been subjected to the criminal justice process? _____ Yes _____ No
10. Is English your native language? _____ Yes _____ No
11. Are you taking any medication or have you taken any medication in the past?
_____ Yes _____ No
12. Are you in need of any accommodations? _____ Yes _____ No

Is there any additional information you would like for us to know?

I certify that all of the information contained on this application is true and correct.

The Coordinator of Counseling Services will not disclose any confidential information or material unless it compromises the safety of the student and/or campus community of Coahoma Community College. It is further understood that all files will be secured under lock and key at all times. The Coordinator of Counseling Services and Director/Assistant Director of Student Engagement will have access to files pertinent to the student's records.

Applicant's Signature _____ Date _____