

**APPLICATION FOR READMISSION**

WALLACE COMMUNITY COLLEGE SELMA  
3000 EARL GOODWIN PARKWAY  
P.O. BOX 2530

SELMA, ALABAMA 36702-2530  
Phone: (334) 876-9295 Fax: (334) 876-9300

[www.wccs.edu](http://www.wccs.edu)

Social Security Number \_\_\_\_\_ Current Date \_\_\_\_\_

**SEMESTER OF ENROLLMENT**

\_\_\_\_ Fall 20\_\_\_\_  
\_\_\_\_ Spring 20\_\_\_\_  
\_\_\_\_ Summer 20\_\_\_\_

**DIVISION OF ENROLLMENT**

\_\_\_\_ Academic    \_\_\_\_ High School Accelerated  
\_\_\_\_ Technical    \_\_\_\_ Dual Enrollment  
\_\_\_\_ Transient

**CAMPUS OF ENROLLMENT**

\_\_\_\_ Selma

PROGRAM OF STUDY \_\_\_\_\_

NAME \_\_\_\_\_

First

MI(Maiden)

Last

MAILING ADDRESS \_\_\_\_\_

(City)

(State)

(Zip)

E-MAIL ADDRESS \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

(City or County)

(State)

Cell Phone Number (optional): \_\_\_\_\_ Would you like to receive text message info?  Yes  No

EMPLOYER \_\_\_\_\_

(Name)

(Street)

(City)

(County)

(State)

(Zip Code)

(Phone)

High School Attended: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Graduation Date \_\_\_\_\_

Quarter/Semester and Year of last enrollment at WCCS \_\_\_\_\_

Name under which you were enrolled, if different from present name: \_\_\_\_\_

Colleges attended since last enrollment at WCCS: \_\_\_\_\_

**(TRANSCRIPTS MUST BE RECEIVED FROM THESE COLLEGES)**

\_\_\_\_\_  
(Signature of Applicant)