

# 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)

You **must** print this page, complete and fax it to 334-876-9300. Or email a copy to [connie.hudson@wccs.edu](mailto:connie.hudson@wccs.edu) or [shelia.jefferson@wccs.edu](mailto:shelia.jefferson@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 \_\_\_\_\_ Student Number \_\_\_\_\_

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)