

Application for Admission

Disclosure Statement: "Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Please refer to the disclosure statement in the college catalog and schedule of classes which describes how your number will be used. Providing your social security number means that you consent to use of the number in the manner described."

ID# _____	
Office Use ONLY	
<input type="checkbox"/> Admissions	<input type="checkbox"/> Returning Student

Intended Term & Year of Enrollment:

Fall 20____ Winter 20____ Spring 20____ Summer 20____

Student Information

Social Security Number: _____ Date of Birth: (month/day/year) _____ / _____ / _____

Last Name: _____ First Name: _____ MI: _____ Prior Name: _____

Current Mailing Address: _____
Number & Street/ PO Box City County State Zip/Postal Code

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work: _____

Previous Mailing Address _____ Home E-Mail: _____
(if less than 90 days)

General Information

Gender: (optional) Male Female Are you a U.S. Veteran? Yes No

Ethnic Category: (optional) Not Hispanic or Latino Hispanic or Latino

Race: (optional) White/Caucasian Black/African American Hispanic American Indian/Alaskan Native Asian Pacific Islander
 Unknown/Non-Responsive Other _____

Did your parent(s) (natural or adoptive) receive a Bachelor's Degree from a 4-year college/university? Yes No

Residency

Permanent resident of Oregon, 90 days prior to first day of the term Permanent Resident outside of Oregon, CA, ID, WA or NV
 Permanent resident of CA, ID, WA or NV 90 days prior to the first day of the term Other

High School/GED Information

Check one and provide date of completion: HS Diploma GED Adult HS Diploma In Progress HS GPA _____

Date completed or expected date of completion (month/day/year) _____ / _____ / _____ Did not complete

Which High school or GED school you attended or are currently attending: _____ City & State _____

Enrollment Information

Which Degree are you seeking at UCC? Major/Program CODE _____ (see code listing on back of application) or Non-degree

Enrollment Status: (check one) Enrolling at UCC for the first time Enrolling for dual credit (college credit while in high school)
 Returning Student (absent for more than one full year) Term of last attendance: _____ / _____

Please list ALL colleges and universities attended. Official college transcripts should be requested from each school and sent to Umpqua Community College.

College/University Name	City & State	Dates Attended

1. What is your goal at UCC?

- 1. Associate Degree/Two Year Program
- 2. Certificate
- 3. Job Advancement/Preparation
- 4. Skill Improvement
- 5. Transfer to another 2-year school
- 6. Transfer to 4-year institution
- 7. Personal Interest
- 8. Adult High School Diploma

2. What is the highest degree you have attained beyond high school?

- 0. None
- 1. Some College Credits
- 2. Certificate
- 3. Associate Degree
- 4. Bachelor Degree
- 5. Master Degree
- 6. PhD/Professional Degree

3. Would you like UCC to remind you (via text) about upcoming academic deadlines? Yes No (Standard text rates apply)

Signature _____ Date _____

By signing this form, I certify that the information on this form is correct and I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. If given, I authorize the use of my social security number to be used as specified above. UCC automatically awards Pathway Certificates upon completion of requirements. Details concerning requirements, opting out, etc. may be viewed under Graduation on the UCC website.

Affirmative Action: It is the policy of Umpqua Community College to provide equal educational and employment opportunities and to provide service benefits to all students and employees without regard to sex, race, color, religion, national or ethnic origin, age, sexual orientation, marital status, disability or any other status or characteristic protected by applicable state or federal law. This policy is in accordance with the laws enforced by the Department of Education and Department of Labor, including Presidential Executive Order 11246, as amended by the Civil Rights Act of 1991, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Acts of 1974-75, the Americans with Disabilities Act of 1990 and Oregon Revised Statute 659.030. Inquiries regarding application of these and other regulations should be directed to the College's Human Resources Office 541-440-4626, the Office of the Vice President for Administrative Services 541-440-4631; the Office of Civil Rights, Department of Education Office, Seattle, Washington; or the Office of Federal Contract Compliance Programs, Department of Labor, San Francisco, California.



REGISTRATION & SCHEDULE CHANGE FORM

Term: FA WI SP SU Year: _____

Last Name, First Name

Student ID Number

ADDS			COMPLETE THIS SECTION FOR OVERRIDES ONLY	
CRN	Course <i>(e.g. WR 121)</i>	Course Title <i>(e.g. English Comp)</i>	Instructor Check ALL Approved Overrides*	Instructor Signature & Date <i>(Required for Overrides)</i>
			<input type="checkbox"/> Late Add <input type="checkbox"/> Overload Class <input type="checkbox"/> Time Conflict <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Special Approval <input type="checkbox"/> Reg Restriction	This Section MUST be Completed for Overrides
			<input type="checkbox"/> Late Add <input type="checkbox"/> Overload Class <input type="checkbox"/> Time Conflict <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Special Approval <input type="checkbox"/> Reg Restriction	
			<input type="checkbox"/> Late Add <input type="checkbox"/> Overload Class <input type="checkbox"/> Time Conflict <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Special Approval <input type="checkbox"/> Reg Restriction	
			<input type="checkbox"/> Late Add <input type="checkbox"/> Overload Class <input type="checkbox"/> Time Conflict <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Special Approval <input type="checkbox"/> Reg Restriction	
			<input type="checkbox"/> Late Add <input type="checkbox"/> Overload Class <input type="checkbox"/> Time Conflict <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Special Approval <input type="checkbox"/> Reg Restriction	
			<input type="checkbox"/> Late Add <input type="checkbox"/> Overload Class <input type="checkbox"/> Time Conflict <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Special Approval <input type="checkbox"/> Reg Restriction	
			<input type="checkbox"/> Late Add <input type="checkbox"/> Overload Class <input type="checkbox"/> Time Conflict <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Special Approval <input type="checkbox"/> Reg Restriction	

*** Overrides:** Late Add - Authorization to register *AFTER* the first week of term. Overload Class - Authorization to override the class limit.
 Time Conflict - Authorization to override class time conflict. Co/Prerequisite - Authorization to override course Co/Prerequisite.
 Special Approval - Authorization to override course restrictions (e.g. Instructor/Dept approval required, max credit hrs exceed).
 Reg Restriction - Authorization to override registration restrictions (e.g. major, program, degree, level restrictions etc).

DROPS <i>(Tuition Refunds thru first week of term ONLY)</i>			COMPLETE FOR WITHDRAWALS ONLY
CRN	Course <i>(e.g. WR 121)</i>	Course Title <i>(e.g. English Comp)</i>	Instructor Signature & Date <i>(Required for Withdrawals-After 21st Day)</i>
			<div style="text-align: center; margin-bottom: 10px;"> Is this a COMPLETE WITHDRAWAL from ALL Courses? <input type="checkbox"/> NO <input type="checkbox"/> YES NOTE: If checked YES, you will be withdrawn from <u>all</u> courses for the current term. </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> _____ Adviser Signature - <i>(Required for <u>all</u> Withdrawals AFTER first week of term)</i> </div> <div style="width: 10%; text-align: center;"> Date ____/____/____ </div> <div style="width: 45%;"> _____ Financial Aid Signature - <i>(Required for <u>all</u> Withdrawals AFTER first week of term)</i> </div> <div style="width: 10%; text-align: center;"> Date ____/____/____ </div> </div> </div>

I acknowledge that my registration signifies consent to, and acceptance of, all policies and procedures governing my enrollment, including financial liability. I choose the above schedule and understand that I am responsible for officially withdrawing from any course in which I am enrolled and failure to do so may result in a failing grade. In addition, I understand that I am personally liable for all costs associated with my courses, including tuition and fees, whether or not I receive any financial assistance in the form of grants, loans or payments from any third party sources. I further understand that my academic schedule must meet requirements for federal financial aid and/or veteran's benefits and deviation without prior approval may result in repayment and/or loss of federal financial aid or veteran's benefits. I certify that all the above information is true and accurate to the best of my knowledge.

Student Signature - Signifies Approval & Authorization ____/____/____
Date

NOTE: See schedule for important term dates & deadlines and drop/withdrawal procedures.

Application for Commercial Truck Driving Course

_____/_____/_____
Last Name First Name Middle Initial Previous Last Name(s) date of birth

UCC Student ID# Oregon Driver License Number Date Issued Male Female

Current Mailing address number and street City State Zip

Physical address if different from mailing address City State Zip

Daytime phone Evening phone Message phone Email Address

Have you had any previous truck driving experience? Yes _____ No _____ If yes please explain below:

Have you had any driving accidents in the last three years? Yes _____ No _____ If yes, list how many, when and type of violation _____

Have you had any moving violations in the last five years? Yes _____ No _____ If yes, list how many, when and type of violation _____

Have you had any alcohol related violations? Yes _____ No _____ If yes, list dates. _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____ If yes, provide explanation and dates _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, provide explanation and dates _____

Have you ever lost your driving privileges or had a restricted driving license in the past ten years? Yes _____ No _____
If yes, list dates _____

Are you presently employed? Yes _____ No _____ If yes, who are you employed with? _____
If no, when were you last employed? _____

Please indicate the term for which you are applying:

Summer _____ Fall _____ Winter _____ Spring _____

Your application will not be accepted unless a Certified Court Print of your Driving Record from the Department of Motor Vehicles for the past five years is attached.

I have read and understand the conditions for acceptance into the Commercial Truck Driving Program. I understand that any misleading or false information in my application or interview(s) may result in my termination from the program (see preregistration and Withdrawal/Drop policy). I agree to finish all of the items listed below as scheduled:

- Take a UCC Compass test at least one week prior to the start of the course
- Obtain a DOT physical Examination at least two weeks prior to the start of the course
- Obtain an Oregon Class A driving permit. Must hold a Class B or C driver license and have had the license for at least one year
- Obtain a DOT drug screen one week prior to the start of the class you will be attending

I have no physical restrictions or limitations that would interfere with my ability to prepare for the Commercial Driver License Exam or that would restrict my opportunities for employment as a professional truck driver.

Applicant Signature

Date

Employment History

Name: _____

Note: List past employment for the past 10 years (Attach separate sheet if needed)

Dates	Company, City, State	Contact & Phone	Reason for Leaving
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____

Applicant Signature _____

Date: _____

Drug Screening Policy

Federal regulations require Commercial Truck Driving Programs in public schools to participate in DOT drug screening. The statute requires that all persons driving a commercial vehicle, whether licensed / permit or employed / student, must pass a DOT drug screening and be subjected to random drug and alcohol testing during their training or employment.

Under this regulation, all applicants to the Umpqua Community College Truck Driving Program will be required to pass a DOT (Pre-employment) drug screen within 30 days before starting the training, and be prepared for random testing during the road training period.

Applicants may obtain their drug screening at:

Evergreen Family Medicine
OccuHealth
2570 NW Edenbower Blvd
Roseburg, OR 97470
Phone – 541-677-7477

The cost of a DOT (pre-employment) drug screen is about \$60.00 (subject to change without notice)
The cost of the DOT physical is about \$110 (subject to change without notice)

Patients must present photo ID and let the receptionist know you are there for the UCC Commercial Truck Driving Program. You will be asked to sign a “Patient Authorization for release of Confidential Drug Screening and/or Alcohol Testing Information and Records” form. This gives the clinic authorization to release the test results directly to UCC. If you have any questions, please contact EFN (OccuHealth) at 541-679-2273.

Our office will be notified of your results and you can get a copy from UCC Commercial Truck Driving Program Coordinator. We will notify you if there is a problem with the drug screen. EFM is qualified to do DOT physicals; you will need to schedule an appointment for the physical. Do not have the drug screen until you have been approved by the CDL program coordinator and your funding agency (if you have one). Physical can be scheduled at any time and must be completed before a CDL permit can be issued by DMV. Drug screen should be completed 5 – 10 days prior to the start of class.

Applicant Signature

Date

If you have any questions, please do not hesitate to call the CDL program Coordinator, Judy Ode, at Umpqua Community College, 541-440-7691.

Authorization for Release of Information

TO OUR STUDENTS AND FUTURE STUDENTS: We can help you better if we are able to work with other agencies that know you and your family. By signing this form you are giving permission for these organizations to share information about your situation.

PURPOSE: The information received will be used to evaluate my situation and to plan for and coordinate services for me, or other purposes specified below:

This permission expires two years from the date this document is signed.

TO THOSE RECEIVING INFORMATION: State and Federal law protects this information disclosed to you. You are not authorized to release it to any agency or person not listed on this form, without specific consent of the person to whom it pertains, unless authorized by other laws.

I authorize the following individuals or agencies to provide information to Umpqua Community College:

		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	Employment/Unemployment
Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational Records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employability Assessment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental & Physical Limitations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving Record
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Results of Urinalysis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOT Physical
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

Other _____

I agree that the agencies and individuals listed above may share and exchange information about my circumstances. **Yes** _____ **No** _____

I can cancel this at any time but I understand that the cancellation will not affect any information that was already released before the cancellation. I understand that information about my case is confidential and protected by State and Federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

 Applicant Signature

 Date



Serving Douglas County Since 1964

Consent and Release to Photograph/Record

I hereby authorize Umpqua Community College, its District, Board of Education and its employees (UCC), or persons hired by UCC to photograph, record, tape, film or electronically capture in permanent form my name, likeness, image, voice, biographical and personal information, appearance and/or performance, and/or further to use and publish my writing(s) (collective work). I further grant UCC full permission to edit my writings and the original footage, data, voice or image as shall be deemed necessary; that the work and my name may be used, published and distributed without remuneration to me in whole or in part for educational, instructional or promotional purposes in print or over open broadcast, cable, audio-visual, radio, closed-circuit exhibition, computer like, or other medium for college purposes as deemed appropriate by UCC in perpetuity, throughout the world.

For these purposes, I waive and relinquish my personal rights, privacy rights and rights under the Family Education Rights, Privacy Act and student record law of the state of Oregon. I hereby waive all right to any claim for royalties or other payments. Said work and all components thereof shall become the property of UCC and may be copyrighted in its own name or a name of its choosing.

I also release UCC from any and all claims of libel, slander, invasion of privacy or other claims based on my appearance and/or performance of use of the recording of such and agree to hold UCC harmless from any and all claims by the Third Parties, including any claim based on allegation of copyright infringement from my appearance and/or performance.

Signature: _____ Date: _____

Name: (please print) _____

Address: _____

Below to be completed by parent or legal guardian if under 18. I represent that I am the parent or guardian of the above-named minor and have authority to execute the release above. I hereby consent to the foregoing on behalf of the above-named minor

Signature of Parent/Guardian: _____

Date: _____