Lynn Campus | 781-595-69- **CentroHub** | northshore.edu/centro-hub Corporate Training Solutions | 978-236-1200

northshore.edu

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SELECTI E ADMISSIONS APPLICATION FAC

READ THE INFORMATION BELOW AND
THROUGHOUT THE APPLICATION

COMPLETE ALL ADMISSION CHECKLIST

REQUIREMENTS

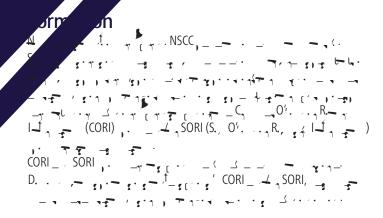
If any required terms are incomplete/missing

CATION AND ERIALS

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cation will not be

in a minimum of cation of ceived by priority deadline will be seen to the program. L



For more information

P₁ .: 781-477-2107 , 978-762-4188. E _ ; S, , , , , A _ _ @ _ , , , , , ... (

Mail Selective Admissions Application Packet to:

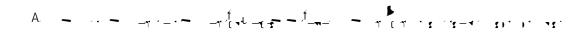
NSCC A _ 0 . 1 F. _ f R _ D_L . , MA 01923

| The Application Process Checklist | | | | | |
|-----------------------------------|------------------------|--|--|--|--|
| Initial when complete | Required Documentation | | | | |
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The following items must be satisfied and submitted to NSCC Checklist Item Required Documentation

P io i Applica ion Deadline: Applica ion ill be accep ed n il he p og am i f ll. Applica ion inq i ie ma be di ec o: SelectiveAdmissions@northshore.edu

Evaluation Information



NORTH SHORE COMMUNITY COLLEGE

MASSACHUSETTS COMMUNITY COLLEGES IN-STATE TUITION ELIGIBILITY FORM

In e na ional den d ing nde F1 Vi a a e NOT eligible fo in- a e i ion.

| LAST NAME/SURNAME | FIRST NAME | FIRST NAME | | | |
|--|-------------------------------------|-------------------------|------------------------------------|--|--|
| MIDDLE NAME | AN PRE IOUS LAST NAMES | | | | |
| ADDRESS | | | | | |
| CIT | STATE | IP | COUNTR | | |
| SOCIAL SECURIT #: Optional, but required if seeking financial aid or tax credit. | DATE OF BIRTH | DATE OF BIRTH MM / DD / | | | |
| STUDENT ID #: | | | | | |
| Are you a U.S. Citizen? | | | | | |
| If , a f g. ARE OU A PERMANENT RESIDENT? \bigcap ES \bigcap NO IF ES, LIST ALIEN REGISTRATI | ON NUMBER: | | | | |
| IF OU ARE NOT A U.S. CITI EN OR PERMANENT RESIDENT, PLEASE STATE OUR ISA OR IMMIGRAT | TION STATUS IN DETAI | L: | | | |
| | | | | | |
| Please check the in-state or reduced tuition eligibility category | ory that appli | es to you: | | | |
| I have been a Massachusetts resident for six continuous months and intend to remain | in here. | | | | |
| A M ,I | , 1 | | .T * | | |
| , | (| |). T . P - | | |
| M . | | EMBL OVAMEN | T DAY CTUD+ | | |
| VALID DRIVER'S LICENSE UTILITY BILLS* VALID CAR REGISTRATION VOTER REGISTRATION* | | | MENT PAY STUB* DERAL TAX RETURNS* | | |
| MASS. HIGH SCHOOL DIPLOMA SIGNED LEASE OR RENT | T RECEIPT* MILITARY HOME OF RECORD* | | | | |
| RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON* | | OTHER | | | |
| I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION'S REGION I AM A MEMBER OF THE ARMED FORCES (OR SPOUSE OR UNEMANCIPATED CHILD) ON ACTIVE DI | | | | | |
| Certification of Information | | | | | |
| T .T , | | | | | |
| • | | | | | |
| Signature of Applicant | | | Date | | |
| I faaab fa . | | | | | |
| Signature of Parent | | | Date | | |
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| For o cial use. Do not write in this box. | | | | | |
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-------UBJECTIVES

Academic Information

I AM: A FIRST-TIME STUDENT

Choose A or B:

A. INTEND TO PURSUE A DEC

a f SCCD g

FIRST CHOICE:

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, ga

SECOND CHOICE:

B. I PREFER UNSPECIFIED STATOF STUDY AT THIS TIME. I

I a ga f d.

Educational Background

1) HIGH SCHOOL EDUCATION

NAME OF HIGH SCHOOL OR GED TEST CO

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ES NO DID OU

ES NO ILL O

ES NO IS ENGLIS

NAME OF COLLEGE

NAME OF COLLEGE

Signature Required

GRADUATION DATE/DEGREE REC

Signature of Applicant

I f a a a b f a

Signature of Parent

Ifa a d 18 a fa g