

Northern Arizona College Connection

Common Student Information Form

TERM:	YEAR:
<input type="checkbox"/> Spring	_____
<input type="checkbox"/> Summer	_____
<input type="checkbox"/> Fall	_____

Home Institution: Coconino Community College Diné College Navajo Technical University Northern Arizona University
Home Institution is the degree granting institution and where you will complete the majority of your credits.

Host Institution: Coconino Community College Diné College Navajo Technical University Northern Arizona University
Host Institution is where you will take courses to transfer back to your Home Institution to meet degree requirements.

PLEASE PRINT Legal Name _____

Last *First* *Middle* *Other Last Names*

Social Security Number: XXX-XX-_____ Home Inst. Student ID: _____ Host Inst. Student ID: _____

Mailing Address: _____

Number & Street City State Zip Code

Home/Permanent Address: _____

Same as Mailing Address Number & Street City State Zip Code

Phone _____ E-mail Address: _____

Have you previously registered at the host institution?
 Yes No

Are you an enrolled member of a tribe? Yes No

CIB #: _____

Chapter Affiliation: _____

Emergency Contact:
 Name _____
 Phone Number: _____

Demographic Information:

This information is being gathered for reporting, recordkeeping and financial aid.

Gender: Male Female **Birthdate:** Month _____ Day _____ Year _____

Ethnic Status:
 Please indicate whether you are: Hispanic Non-Hispanic
 Please indicate all races that apply: White Asian Black
 Hawaiian/Pacific Islander American Indian/Alaska Native

Current Enrollment Goal:

Complete course(s) not currently offered at Home Institution

Complete course(s) not offered at Home Institution at a time or day that works with my schedule

Complete course(s) in a different delivery method (for example, online)

Taking Courses to Develop New or Upgrade Current Job Skills Other _____

HOST INSTITUTION COURSE INFORMATION
 Be sure to print information

Course No. & Section (ex, BIO 181 5)	Course Title	Cr. Hrs	Home Institution Course Equivalency (if applicable)	Home Institution Credit Hours

Advisors Signature: _____ Total Hours: _____ Date: _____

I understand the terms for participating in the partnership between the institutions of the Northern Arizona Consortium for Higher Education. These terms are:

- The partners (Coconino Community College, Diné College, Navajo Technical University and Northern Arizona University) will share my admission and transcript information.
- All information I provide may be retained in the records of both institutions.
- I am subject to all policies, rules, and conditions of each institution in which I am enrolled during any given semester, and I understand that these may differ between the four institutions.

I am also aware that enrollment changes may impact my eligibility for financial aid for the current term and/or future terms. I will consult my Home Institution Financial Aid Office regarding academic eligibility for financial aid, including satisfactory academic progress standards. I understand that I have the right to rescind this authorization at any time by notifying both institutions in writing of my decision. I understand that such revocation will not affect any disclosures previously made before receipt of any such written revocation.

Student's Signature _____ Date _____

Date Registered _____	Office Use Only NAZCC Office _____	Host Initials & Date _____ Home Initials & Date _____
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