

# MEXICAN AMERICAN CATHOLIC COLLEGE

Registrar's Office | 3115 W Ashby Place | PO Box 28185 | San Antonio TX 78228  
 210-736-2963 (fax) | 210-732-2156 (phone) | [registrar@maccsa.org](mailto:registrar@maccsa.org)

## Application for Visiting Admission

**Instructions:** Read and follow the *Admission Requirements and Instructions* when completing this form.

### A. Applicant

Mr.  Mrs.  Ms.  Miss  Fr.  Rev.  Bro.  Sr.  Dr. |  Seminarian  
*prefix/title* *check here if you are a Seminarian*

\_\_\_\_\_ *first name*                      *middle name*                      *maiden name*                      *last name*

\_\_\_\_\_ *nickname/preferred name*                      *suffix/title*

\_\_\_\_\_ *social security number*                      *religious affiliation*                      *and*                      *(arch)diocese*                      *date*                      *and*                      *country of birth*

Single  Married  Divorced  Widowed |  Male  Female  
*marital status* *gender*

Hispanic  American Indian/Alaska Native  Black/African American  Asian  
 White  Two or more races  Native Hawaiian/Pacific Islander  Other:

*Ethnicity*

### B. Address

**Current Address:**  This is my permanent address, but I will reside at my "Preferred Address" during my studies at MACC.  
 This is my permanent address, and it is where I will reside during my studies at MACC.

\_\_\_\_\_ *address (line 1)*                      *email (personal)*

\_\_\_\_\_ *address (line 2)*                      *phone (home)*                      *phone (cell) provider:*

\_\_\_\_\_ *city state zip*                      *country*                      *phone (work, optional)*                      *fax*

**Mailing Address:**  My mailing address is the same as my "Current Address."  
 My mailing address is the same as my "Preferred Address" during my studies.

\_\_\_\_\_ *address*                      *email*

\_\_\_\_\_ *city state zip*                      *phone*                      *phone (cell) provider:*

**Billing Address:**  Please bill me at my  "Current Address"  Diocese  Please bill me at my "Preferred Address."  
 I will complete the *Application for Credit Authorization* to open a charge account with the library/bookstore.

\_\_\_\_\_ *address*                      *email*

\_\_\_\_\_ *city state zip*                      *phone*                      *phone (cell) provider:*

### C. Enrollment

**Semester of Entry:**  Fall  Spring  Summer **Year:** \_\_\_\_\_ **Type:**  Full-time  Part-time  Less than part-time

### D. Highest Level of Education

| <i>name and address</i> | <i>enrollment</i>           | <i>credential</i> | <i>Other</i>   |
|-------------------------|-----------------------------|-------------------|----------------|
| <i>high school:</i>     | <i>start:</i>               | <i>diploma:</i>   | <i>gpa:</i>    |
|                         | <i>end:</i>                 | <i>rank:</i>      | <i>honors:</i> |
| <i>college</i>          | <i>start:</i>               | <i>credits:</i>   | <i>gpa:</i>    |
|                         | <i>end:</i>                 | <i>degree:</i>    | <i>honors:</i> |
|                         | <i>program(s) of study:</i> |                   |                |

## E. Registration Data

| <i>course number and course title</i> | <i>professor</i> | <i>sch</i> | <i>credit</i> | <i>audit</i> |
|---------------------------------------|------------------|------------|---------------|--------------|
|                                       |                  |            |               |              |
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|                                       |                  |            |               |              |
|                                       |                  |            |               |              |

## F. Acknowledgement

I **acknowledge** that all of the information I have provided is true and accurate; **understand** that false and inaccurate information forfeits my eligibility for admission to and/or enrollment at MACC; and **pledge** to demonstrate personal and academic integrity in all matters if I am accepted as a student at the Mexican American Catholic College.

\_\_\_\_\_ student's signature

\_\_\_\_\_ date

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### BELOW THIS LINE, FOR REGISTRAR'S OFFICE USE ONLY

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att/ern: .....

received: \_\_\_\_\_

student id

gpa: .....

reviewed: \_\_\_\_\_

decision: .....

verification: \_\_\_\_\_

graduation: .....

follow-up: \_\_\_\_\_

processed by