

COUGAR DAY!

MAR 1 | 8:30 AM – 1:30 PM | PAC
SOUTH MOUNTAIN COMMUNITY COLLEGE

PLEASE PRINT CLEARLY

High School: _____ Graduation Year: _____ High School ID#: _____
Last Name: _____ First Name: _____ M.I.: _____
Address: _____ City: _____ ST: _____ Zip Code: _____
Email: _____ How often do you check email? _____
Home Phone: (_____) _____ Cell Phone: (_____) _____ Other Phone: (_____) _____
Preferred method of communication: Email Text Phone Call

Are you in the top 20 percent of your class? Yes No
Students in the top 20 percent may be eligible for the honors program and President's Honors Scholarship

College Major or Area of Interest: _____

By signing below, I certify that the answers on this student form are true, correct and complete. I understand if I fail to follow the guidelines and program rules, I may be sent home or be unable to participate in the "Cougar Day" program and services.

Student Name (Print) Student Signature Date

Parent/Guardian Name (if student is under 18) Parent Signature Date

MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
PERMISSION TO BE PHOTOGRAPHED

I authorize the Maricopa Community Colleges (including its colleges and related entities) to photograph or video me and to use the photographs or videos for educational or promotional purposes in any type of media. The photographs or videos may not be used for profit without my express permission. I understand that I will not be paid or rewarded for providing this authorization.

Student Name (Print) Student Signature Date

Parent/Guardian Signature (if student is under 18)



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