



# JEFFERSON COMMUNITY COLLEGE REQUEST FOR A SOCAD STUDENT AGREEMENT

Please print clearly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ If you are a Military Family Member circle:  
YES

Primary MOS: \_\_\_\_\_ Rank: \_\_\_\_\_ Years in service \_\_\_\_\_

I understand that it is my responsibility to submit an Application for Admission to Jefferson Community College; to complete Reading, English, and Math assessment testing; and to have my high school, college, and other transcripts sent directly to: **Admissions Office, Jefferson Community College, 1220 Coffeen Street, Watertown, NY 13601.**

I understand that the SOCAD Student Agreement will be issued **only after** I have matriculated into a SOCAD eligible degree program; have completed a course during the semester I apply for admission; have completed a total of six semester hours of course work; and have earned a 2.00 or better grade point average.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
Telephone:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Duty \_\_\_\_\_

\_\_\_\_\_  
Home \_\_\_\_\_

**Check the SOCAD Degree Program you are pursuing (CHECK ONLY ONE):**

- |   |  |
|---|--|
| <input type="checkbox"/> Accounting, AAS                  | <input type="checkbox"/> Individual Studies, AA                            |
| <input type="checkbox"/> Business Administration, AS      | <input type="checkbox"/> Individual Studies, AS                            |
| <input type="checkbox"/> Business Administration, AAS     | <input type="checkbox"/> Individual Studies, AAS                           |
| <input type="checkbox"/> Hospitality & Tourism, AAS       | <input type="checkbox"/> Liberal Arts, AA (Humanities/Social Sciences)     |
| <input type="checkbox"/> Computer Information Systems, AS | <input type="checkbox"/> Liberal Arts, AS (Math and Sciences)              |
| <input type="checkbox"/> Computer Science, AS             | <input type="checkbox"/> Office Technology, AAS (Administrative Assistant) |
| <input type="checkbox"/> Criminal Justice, AS             | <input type="checkbox"/> Office Technology, AAS (Medical Office)           |
| <input type="checkbox"/> Paralegal, AAS                   |  |

**Mail the completed SOCAD request form to: Director of Military Programs, Jefferson Community College, 1220 Coffeen Street , Watertown, NY 13601**