



**Transitions Program Enrollment Application
GBCC Center for Academic Planning & Support (CAPS)**

Name _____ Today's Date _____

City/State/Zip _____

Phone _____ Email _____ Student ID # _____

Desired GBCC Program _____ GBCC Start date _____

Please answer the following questions:

I'm ___ new to college OR I have ___ some college experience

I have taken the Accuplacer placement test within the last 2 years: ___ yes ___ no

I scored into one or more developmental course(s) on the Accuplacer test: ___ yes ___ no

If so, in what area(s): ___ reading ___ writing ___ math ___ computers

I graduated from high school 3 or more years ago ___ yes ___ no OR

I received my GED from _____ Year _____

I received a referral to the Transitions Program from: _____

Additional questions or comments:

Please submit this enrollment application to Carol Despres, Developmental Education Services & Tutor Coordinator, CAPS: 603-427-7621 or email: cdespres@ccsnh.edu

We will contact you to set up an appointment. Thank you!

For office use only: Initial meeting date _____; Time _____; Referred by _____
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