

Monroe County Community College
 555 South Raisinville Road
 Monroe, Michigan 48161

Office of the Registrar
 (734) 384-1108

SWOPE RICKY A
 SOCIAL SECURITY NUMBER
 381-62-2031

SEX
 MALE
 BIRTH DATE
 05/20/1956

PRINTED: 06/14/1992

COURSE TITLE	PREVIX	CRS NO.	SEMS/ATT	SEMS/ERN	GRADE	HON PTS	COURSE TITLE	PREVIX	CRS NO.	SEMS/ATT	SEMS/ERN	GRADE	HON PTS
FALL 1978							FALL 1978						
ENGLISH COMP I							ENGL 151						
WEST CIV TO 1650							HIST 151						
FALL 78	1.857		4.00	4.00	D	4.00							
FALL 78	1.857		7.00	7.00		13.00							
FALL 78	1.857		7.00	7.00		13.00							
FALL 1981							FALL 1981						
CHILD BIRTH PREP							MEDCL 904						
SPRING 81	1.857		1.00	1.00	S	1.00							
SPRING 81	1.857		8.00	8.00		13.00							
FALL 1982							FALL 1982						
BUSINESS LAW							BUSLW 251						
SUMMER 82	4.000		4.00	4.00	A	4.00							
SUMMER 82	2.636		11.00	12.00		29.00							
FALL 1982							FALL 1982						
INTRO LAW ENFORCMMN							POLSC 154						
FALL 82	3.000		3.00	3.00	B	9.00							
FALL 82	3.000		3.00	3.00	B	9.00							
FALL 82	3.000		3.00	3.00	B	9.00							
FALL 82	3.000		9.00	9.00		27.00							
FALL 82	2.800		20.00	21.00		56.00							
FALL 1983							FALL 1983						
ACCOUNTING PRINCIP							ACCTG 151						
FALL 83	3.000		3.00	3.00	W	3.00							
FALL 83	3.000		3.00	3.00	W	3.00							
FALL 83	3.000		3.00	3.00	W	3.00							
FALL 83	3.000		9.00	9.00		27.00							
FALL 83	3.000		20.00	21.00		56.00							
FALL 1987							FALL 1987						
TRANSFER CREDIT							TRANSFER CREDIT						
FALL 87	3.000		3.00	3.00	V	3.00							
FALL 87	3.000		3.00	3.00	V	3.00							
FALL 87	3.000		3.00	3.00	V	3.00							
FALL 87	3.000		9.00	9.00		27.00							
FALL 87	3.000		20.00	21.00		56.00							
FALL 1987							FALL 1987						
TRANSFER CREDIT							TRANSFER CREDIT						
FALL 87	3.000		3.00	3.00	V	3.00							
FALL 87	3.000		3.00	3.00	V	3.00							
FALL 87	3.000		3.00	3.00	V	3.00							
FALL 87	3.000		9.00	9.00		27.00							
FALL 87	3.000		20.00	21.00		56.00							

MONROE COUNTY COMMUNITY COLLEGE
 SWOPE RICKY A
 414 THEADORE
 MONROE MI 48161

RECIPIENT (CONTINUED) SHALL NOT BE RELEASED TO A THIRD PARTY WITHOUT WRITTEN CONSENT OF THE STUDENT.

OFFICIAL ONLY WHEN IMPRINTED
 WITH SEAL OF COLLEGE

Calendar Semesters
 Graduated for hrs and 2.000 GPA
 Accredited by North Central Association since 1972
 Web Site: www.monroecollege.edu
 MCCCC will verify by telephone Degrees and
 Certificates earned and dates of attendance



REVISED

MONROE COUNTY COMMUNITY COLLEGE
1555 South Raisinville Road
Monroe, Michigan 48161

STUDENT NUMBER 381 92 2931

STUDENT NAME Swope Last Ricke First Anthony Middle _____
DATE 1 / 12 / 83

ADDRESS 320 Hawson St Street 77 45131 Middle _____ Zip _____
No. City State

We are accepting _____ Sem. Hrs. from Richita State University (KANSAS)
Kansas State University (Kansas)

Copies to: Data Processing
Student
Student Folder

SPS-R-27

FORM 117

MONROE COUNTY COMMUNITY COLLEGE
1555 South Parkville Road
Monroe, Michigan 48161

STUDENT NUMBER 801 7 92 7 0011 DATE 6 / 23 / 82

STUDENT NAME Stacy Anthony
Last First Middle

ADDRESS 114 114 Monroe MI 48161
No. Street City State Zip

We are accepting 6 Sem. hrs. from Kansas State University (KA)
9 Michigan State University (KA)

Copies of: Data Processing
Student
Student Folder

SFS R-27



REVISED

MONROE COUNTY COMMUNITY COLLEGE
1555 South Raisinville Road
Monroe, Michigan 48161

STUDENT NUMBER 381 / 62 / 2031 DATE 6 / 23 / 82

STUDENT NAME Swope Ricky Anthony
Last First Middle

ADDRESS 414 Theodore Monroe MI 48161
No. Street City State Zip

We are accepting 6 Sem. Hrs. from Kansas State University (KA)
9 Wichita State University (KA)

Copies to: Data Processing
Student
Student Folder

SPS-R-27



MONROE COUNTY COMMUNITY COLLEGE

TRANSFER CREDIT APPLICATION

Date: 3/12/2011

Name: 280190 111014 111092 Student Number: 381 / 62 / 2011
 Last First Middle (Middle)

Address: 324 Winthrop 0-9 811 63131
 Number Street City State County Zip

Comments: 1110-1-02

Monroe County Community College is granting advanced standing to the student whose name appears above. Acceptance is contingent upon continuation in this curriculum.

This credit was earned at Wichita State University (Kansas)
 Name & Address of College or University

The student's transcript will indicate that 9 semester hours have been accepted as transfer credit.

Wichita State University Monroe County Community College

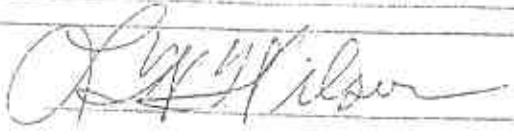
Hrs.	Course Title and Number	Grade*	Sem. Hrs.	Course Title and Number
3	343 Special Invest.	B	3	Social Science Credit
3	220 Criminal Law	B	3	251 Criminal Law
3	100 Intro Adm. Justice	B	3	Social Science Credit

Total 9 SEMESTER HOURS accepted

* Transfer grade(s) not used to determine MCCC grade point average.

Remarks:

Copies to: Student Folder
 Faculty Adviser
 Student



TRANSFER CREDIT APPLICATION

DATE: 11/15/2011

Name: David Phillips Adkins 1981 11/15/2011
 Last First Middle Initial Year of Birth
 Address: 11 Chesapeake Drive Monroe MI Monroe 48161
 Number Street City State County Zip
 Cell: 313-444-1111

Monroe County Community College is granting advanced standing to the student whose name appears above. Acceptance is contingent upon continuation in this curriculum.

This credit was earned at Kansas State University (Kansas)
 Name & Address of College or University

The student's transcript will indicate that 6 semester hours have been accepted as transfer credit.
 Kansas State University Monroe County Community College

hrs	Course Title and Number	Grade	Sem. Hrs.	Course Title and Number
3	SPCH 106 Oral Communications	B	3	SPCH 151 Communication Fundamentals
3	PSCI 325 US Politics	C	3	POLSC 151 Intro to Political Science
Total			6	SEMESTER HOURS accepted

* Transfer grade(s) not used to determine MCCC grade point average.

Remarks:

Copies to: Student Folder
 Faculty Adviser
 Student



MONROE COUNTY COMMUNITY COLLEGE

COURSE ADJUSTMENT FORM

STUDENT IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER

CLASS NO.	COURSE NO. AND TITLE	CRS.	CLASS TIME	DAYS	ROOM

CLASS NO.	COURSE NO. AND TITLE	CRS.	PREV. SEM.	STATUS

STUDENT SIGNATURE

DATE

INSTRUCTIONS TO STUDENT

1. All classes require approval from the advisor and change an official withdrawal and the form returned to the office of the registrar.
2. The student is responsible for returning this form to the registrar's office. The advisor will complete the form in regard to the withdrawal of the student.
3. The following steps are to be taken by the student:
 - a. Make the form signed and returned to the advisor.
 - b. Make the form signed by the instructor of the class.
 - c. Make the form complete and return to the registrar's office.

STUDENT AUTHORIZATION: It is my intention to adjust my class schedule or completely withdraw from Monroe County Community College as reflected above.

SIGNED: _____ DATE: _____

SOCIAL SECURITY NO. _____
 361-62-2031
 TELEPHONE
 311-2382
 TELEPHONE
 NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 DATE OF BIRTH _____
 SEX _____
 RACE _____
 MARITAL STATUS _____
 OCCUPATION _____
 GRADE _____
 DEPARTMENT _____
 COURSE NUMBER _____
 COURSE TITLE _____
 CREDIT HOURS _____
 INSTRUCTOR _____
 SECTION NUMBER _____
 TIME _____
 DAYS _____
 ROOM _____
 BUILDING _____
 CAMPUS _____
 CITY _____ STATE _____ ZIP _____

Your enrollment in these classes will be cancelled unless your tuition and fees are paid IN FULL or deferred payment arrangements are made by _____ DATE

COURSE NO.	COURSE TITLE	CREDITS	PREREQ.	CO-REQ.	CONC.	TRN.	LAB	STU.	FEES	AMOUNT	DATE PAID
343	HIST 151	3						Y	Y	2.00	
323	Engl 151	3						Y	Y	2.00	
										TOTAL FEES	

I, Theresa... do hereby certify that the information furnished is true and correct.
 I prefer to not see a Faculty Advisor. I will take full responsibility for my class choices.

TOTAL CREDIT HOURS: 7

ENROLLMENT CERTIFICATION

IDENTIFYING DATA

RICKY ANTHON SAMP

120 W. BROAD ST. WYOMING
WYOMING, W.V. 26101

197 120 WEST

GENERAL INFORMATION

PLEASE PRINT OR TYPE CLEARLY. ALL INFORMATION SHOULD BE PRINTED IN BLOCK LETTERS. ALL INFORMATION SHOULD BE PRINTED IN BLOCK LETTERS.

REGULAR ENROLLMENT **RE-ENROLLMENT** **TRANSFER FROM ANOTHER SCHOOL** **TRANSFER FROM ANOTHER STATE**

NEW ENROLLMENT **RE-ENROLLMENT** **TRANSFER FROM ANOTHER SCHOOL** **TRANSFER FROM ANOTHER STATE**

REGULAR ENROLLMENT **RE-ENROLLMENT** **TRANSFER FROM ANOTHER SCHOOL** **TRANSFER FROM ANOTHER STATE**

ENROLLMENT DATA

INFORMATION PROVIDED

DATE	NAME	ADDRESS	PHONE	SEX	RACE	AGE	GRADE	STATUS	REMARKS
8/6/78	RICKY ANTHON SAMP	120 W. BROAD ST. WYOMING							
8/23/78	RICKY ANTHON SAMP	120 W. BROAD ST. WYOMING							

III. ADDITIONAL INFORMATION FOR HCS AND FAMIL CO-OP

ALL CHECK ONE

ALL CHECK ONE **ALL CHECK ONE** **ALL CHECK ONE**

ALL CHECK ONE **ALL CHECK ONE** **ALL CHECK ONE**

IV. ADVANCE PAYMENT REQUEST

NOTE: To receive advance payment, the parent must submit a request for advance payment to the school district.

ADVANCE PAYMENT REQUESTED **ADVANCE PAYMENT NOT REQUESTED**

CERTIFICATIONS

NOTE: Complete this form if the student is a transfer from another school district.

DATE: 5/8/78

SIGNATURE: *Debra A. Engvall*

NAME: DEBRA A. ENGVALL, RECORDER

ADDRESS: HANCOCK COUNTY COMUNITY COLLEGE

PHONE: 606-324-1200

Please let parents and student attend to this section first.

NAME: Kenyon A. University 1111 College St. Raleigh, NC 27601
1111 College St. Raleigh, NC 27601

Number of months to years at your current address: 10 months

Extended SOCC: No Yes Applied but did not attend: No Yes

Line interested in the following field of study: Liberal Arts
Business Administration - Information Systems Technology

Please send official copies of all transcripts to:
Director of Admissions
Monroe County Community College
1555 South Raleigh Blvd.
Monroe, Michigan 48161
Area Code 313 242-7300

Signature: High School Principal/Counselor

The above mentioned information is correct to the best of my knowledge. Ricky A. George
Applicant's Signature

Students will receive written notification of the time and date for their counseling appointment. This appointment will complete the scheduling and registration process.

STUDENT HEALTH DATA

TO STUDENTS AND PARENTS:

The College wishes to do all it can to protect and promote the health of its students. In order to do this it is necessary to have complete and accurate health information about each student. Registration will not be permitted until the form is completed and approved. If deemed necessary, the College reserves the right to ask the student to submit evidence of a physical examination on the form that is available at the College. The student will bear the expense of this examination.

At present are you taking any drugs or medical treatment? YES NO

If yes, please explain _____

Do you have any physical or emotional problems with which this College should be concerned? (Please explain, epilepsy, fainting, allergies, heart condition, sight or hearing, etc.) List any injuries or operations that might affect your participation in College activities.
None

If I or my family cannot be reached at the time of an emergency, I hereby authorize and direct the College to send Rick A. Swape to the hospital or physician most readily accessible and/or to administer emergency care.

I hereby give consent for Dr. _____ to send or receive from the College any information concerning my son/daughter/self and for the College to send or receive from the above mentioned physician any information concerning my son/daughter/self.

Parent or Spouse's place of employment: La. 20 Boy Chair Company, Monroe, LA
Accounting Dept

Signature: _____
(Parent if student under 18)

Signature: Ricky A. George
(Student if 18 or over)

MONROE COUNTY COMMUNITY COLLEGE

1555 SOUTH RAISINVILLE ROAD • MONROE, MICHIGAN 48161 • TELEPHONE: (313) 242-7200



PLEASE READ CAREFULLY AND COMPLETE ALL ITEMS WITH A TYPEWRITER OR BLACK INK!
APPLICATION FOR ADMISSION

• NOTE: \$10.00 APPLICATION FEE REQUIRED OF ALL APPLICANTS •

- DIRECTIONS:**
1. Please complete this form in both sides and return to Monroe County Community College with your \$10.00 matriculation fee which is non-refundable.
 2. Have your high school transcript and/or GED copies mailed to Monroe County Community College - Office of Admission.
 3. Have official transcripts of any schooling beyond high school mailed to the college.

TYPE OF ADMISSION
(Check one)

- 1 Regular
 2 Transfer
 3 Continuing Education
 4 Nursing Applicant
 5 Foreign Student

SOCIAL SECURITY NUMBER

381 62 2031

For what semester do you wish to enroll?

- FALL 1978 INTERIM 19
 WINTER 19 SUMMER 19

First Middle Last
 Bieky Anthony Swape

Maiden Name

Permanent Address: 320 Rawson Apt D-5 Dundee
 Number Street and/or P.O. Box City
 MI 48131 Monroe 313-529-2382
 State Zip County Area Code Telephone Number

Parent or Guardian/Spouse: Marie A. Swape
 (Person to contact in case of emergency) NAME
 320 Rawson Apt D-5 Dundee MI 48131
 NUMBER STREET CITY STATE Area Code Telephone Number

Resident Status: Resident Monroe County Non-Resident Monroe County Non-Resident State

Date of Birth: 05-20-1956 Place of Birth: Port Clinton, OHIO
 City and State

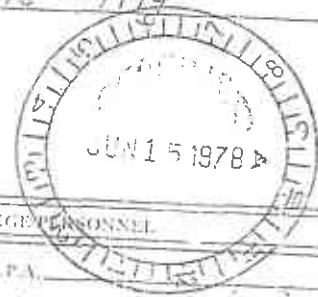
High School Attended and State in Which Located: Redford High School MICHIGAN
 Graduated: Will Graduate: Date of High School Graduation: June 13 1974
 Did Not Graduate: GED:

STUDENTS SEEKING ADMISSIONS TO NURSING PROGRAM CHECK HERE:

Have you enrolled in any college previously? Yes No

If you are interested in applying for financial aid, please check this box:

DO NOT WRITE BELOW THIS LINE TO BE COMPLETED BY COLLEGE PERSONNEL



Date of Admission: _____ First Enrollment: _____ College G.P.A.: _____ High School G.P.A.: _____

Residence: R NR OOS Curriculum Number: 117240 Program: CT C SP MPR

Admission Status: R F C G Foreign Classification: M S1 S2 CP GED

2

0-6E

MONROE COUNTY COMMUNITY COLLEGE

NOTICE OF CHANGE IN STUDENT STATUS - INSTITUTIONAL COURSES ONLY

Name of student as shown on enrollment form

DEBRA A. SMITH

Date of change
3/16/79

This form is to be filled out by the student or the institution for a change in status of a student enrolled in institutional courses only.

1. IDENTIFICATION NUMBER FROM PREVIOUS FORM

12/20/78

IS A NEW ENROLLMENT

- STUDENT IS A TRANSFER FROM ANOTHER INSTITUTION
- STUDENT IS A TRANSFER FROM A STATE COLLEGE
- STUDENT IS A TRANSFER FROM A COMMUNITY COLLEGE
- STUDENT IS A TRANSFER FROM A JUNIOR COLLEGE
- STUDENT IS A TRANSFER FROM A SENIOR COLLEGE
- STUDENT IS A TRANSFER FROM A UNIVERSITY
- STUDENT IS A TRANSFER FROM A TECHNICAL SCHOOL
- STUDENT IS A TRANSFER FROM A VOCATIONAL SCHOOL
- STUDENT IS A TRANSFER FROM A TRADE SCHOOL
- STUDENT IS A TRANSFER FROM A DISTANCE EDUCATION PROGRAM
- STUDENT IS A TRANSFER FROM A NON-ACCREDITED INSTITUTION
- STUDENT IS A TRANSFER FROM A NON-ACCREDITED INSTITUTION (SEE NOTE)

- STUDENT IS A TRANSFER FROM A STATE COLLEGE
- STUDENT IS A TRANSFER FROM A COMMUNITY COLLEGE
- STUDENT IS A TRANSFER FROM A JUNIOR COLLEGE
- STUDENT IS A TRANSFER FROM A SENIOR COLLEGE
- STUDENT IS A TRANSFER FROM A UNIVERSITY
- STUDENT IS A TRANSFER FROM A TECHNICAL SCHOOL
- STUDENT IS A TRANSFER FROM A VOCATIONAL SCHOOL
- STUDENT IS A TRANSFER FROM A TRADE SCHOOL
- STUDENT IS A TRANSFER FROM A DISTANCE EDUCATION PROGRAM
- STUDENT IS A TRANSFER FROM A NON-ACCREDITED INSTITUTION
- STUDENT IS A TRANSFER FROM A NON-ACCREDITED INSTITUTION (SEE NOTE)

2. ADJUSTMENT OF CREDIT OR CLOCK HOURS (Indicate the number of hours if it is applicable)

A. DATE ADJUSTMENT IS EFFECTIVE

- FROM A
- FROM B
- FROM C
- FROM D

- DEDUCTION OF CREDIT HOURS (NON-PUNITIVE) (SEE NOTE)
- DEDUCTION OF CREDIT HOURS (PUNITIVE) (SEE NOTE)
- DEDUCTION OF CREDIT HOURS (SEE NOTE)

3. REASON FOR THE ADJUSTMENT

4. REASON FOR THE ADJUSTMENT

5. TRAINING TYPE (Check ONLY if graduate or advanced program)

- TYPE 1
- TYPE 2
- TYPE 3
- TYPE 4
- TYPE 5
- TYPE 6
- TYPE 7
- TYPE 8
- TYPE 9
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- TYPE 100

6. CLASSIFICATION OF INSTITUTIONAL COURSE

7. COURSE NUMBER

8. NUMBER OF HOURS OF INSTRUCTION

9. COURSE CREDIT HOURS

10. CHANGES FOR PERIODS OF ENROLLMENT (Indicate the number of periods of enrollment for each semester and the number of periods of enrollment for each year)

A. PERIOD	B. PERIOD	C. PERIOD

11. DETRADING CIRCUMSTANCES (Indicate the number of detrating circumstances which have occurred since the student's last enrollment)

WAS THE STUDENT CERTIFIED THAT DETRADING CIRCUMSTANCES WERE TAKEN INTO ACCOUNT IN THE TERMINATION OR ADJUSTMENT ACTION?

- YES
- NO
- UNKNOWN (If "yes" check space remaining for explanation. If "no" check space remaining for student's comment.)

12. COMMENTS

Student was certified for the Winter 1979 Semester, but will not attend. His V.A. benefits should be cancelled as of the end of the Fall 1978 Semester.

IT IS HEREBY CERTIFIED that the student's status, changed on the date indicated and by accordance with the facts shown above.

DATE SIGNED

1/16/79

BY DEBRA A. SMITH, RECORDER

Gloria J. Rutledge, Recorder

MONROE COUNTY COMMUNITY COLLEGE

MONROE # 14934422

MONROE COUNTY COMMUNITY COLLEGE
1555 South Raisinville Road
Monroe, Michigan 48161

Pay To: _____ Date: _____

To be used for Tuition and Fees only

FOR: Fa ___ Wi ___ Int ___ Su ___ 19 ___ Cr Hrs Dropped _____

Advance reservation fee withheld, if any _____

Lab fee _____ not refundable

_____ % of \$ _____, less P.B. _____

1-26-77
93.00
40538
\$ _____
Amt. Refunded

- Resident tuition
- Non-Resident tuition
- Student Activity Fee
- Lab fee
- Cont. Ed.

ACCOUNT No. _____

Cashier _____

SPS-R-2

Approved for Payment
Department _____

Approved for Payment
Business Office _____