APPLICATION FOR ADMISSION

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT
SMCCCD

☐ **Cañada College**
4200 Farm Hill Boulevard
Redwood City, CA 94061
Phone: (650) 306-3226
Fax: (650) 306-3113
canadacollege.edu

☐ **College of San Mateo**
1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
Fax: (650) 574-6506
collegeofsanmateo.edu

☐ **Skyline College**
3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
Fax: (650) 738-4200
skylinecollege.edu

___ FALL 20 __ __
___ SPRING
___ SUMMER

1. LEGAL NAME & CURRENT MAILING ADDRESS

Last/Family Name: _____ First/Given Name: _____ Middle Name: _____

Other name(s) used on academic records:_____

Daytime Phone Number: (_____) _____ - _____ Ext.: _____ Evening/Alternate Phone Number: (_____) _____ - _____ Ext.: _____

Current Mailing Address: _____ **Apt #:** _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country:_____

E-mail Address: _____ @ _____

2. SOCIAL SECURITY

_____ - _____ - _____

☐ **Check this box if you have no SS Number or decline to state**

3. DATE LAST ATTENDED CAÑADA, CSM OR SKYLINE COLLEGES:

__ __ - __ __ __ __
Month **Year**

4. DATE OF BIRTH

__ __ / __ __ / __ __ __ __
MO DAY YEAR

5. MARITAL STATUS

☐Unmarried ☐Married ☐Decline to state

GENDER

☐Female ☐Male ☐Decline to state

6. MAJOR (Major codes available in the class schedule or at the college website)

Program of study you intend to pursue at this college: ☐☐☐☐

7. EDUCATIONAL GOAL (Circle one)

A Obtain an associate degree and transfer to a 4-year institution.
B Transfer to a 4-year institution without an associate degree.
C Obtain a 2-year associate degree without transfer.
D Obtain a 2-year vocational degree without transfer.
E Earn a vocational certificate without transfer.
F Discover/formulate career interests, plans, goals.
G Prepare for a new career (acquire job skills).
H Advance in current job/career (update job skills).
I Maintain certificate or license.
J Educational Development (intellectual, cultural, physical).
K Improve basic skills in English, reading or math.
L Complete credits for high school diploma or GED.
M Undecided on goal.
N To move from noncredit coursework to credit coursework
O 4-year college student taking courses to meet 4-year college requirements

8. ETHNIC BACKGROUND (Optional)

B. African American, Non-Hispanic
N. American Indian, Alaskan Native
AI Asian Islander
AM Cambodian
HR Central American
AC Chinese
F. Filipino
PG Guamanian
PH Hawaiian
AJ Japanese
AK Korean
AL Laotian
HM Mexican, Mexican American, Chicano
AC Other Asian
HX Other Hispanic
O. Other Non-White
PX Other Pacific Islander
PS Samoan
HS South American
AV Vietnamese
W. White, Non-Hispanic
XD Decline to State

☐☐ **Enter Code**

9. CONTACT INFORMATION (If under 19 and unmarried, MUST provide parent/guardian/emergency contact information):

☐ Check here if your permanent address is the same as your current address.

Permanent Address: _____ Apt #: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country:_____

Parent/Guardian/Emergency Contact Name: _____ Phone Number: (_____) _____ - _____

10. ENTRY LEVEL

Enter Code ☐

1 = First-time Student in college (never attended college)
2 = First time at an SMCCCD college, have attended another college
3 = Returning Student to an SMCCCD college after absent for a main term
Y = Enrolling in high school (or lower grades) and college at the same time

11. HIGH SCHOOL EDUCATION

☐ Yes ☐ No I received a CA high school diploma, GED or equivalent.
☐ Yes ☐ No I have attended high school in CA for three or more years.

LAST HIGH SCHOOL ATTENDED

High School:_____

City: _____ State: _____ Country: _____

HIGH SCHOOL COMPLETION DATE: _____/_____/_____(MMDDYYYY)

12.

☐ Yes ☐ No Are you primarily a student at another college and taking course(s) here to meet requirements?
☐ Yes ☐ No Are you employed and taking only job-related classes?

13. HIGHEST EDUCATIONAL LEVEL (Please Circle)

0 Not a high school graduate and no longer enrolled in high school.
1 Special Admit Student (Will be attending both K-12 & SMCCCD college).
2 Currently enrolled in adult school (not college/university).
3 Received High School Diploma. YEAR: _____
4 Passed the GED, or received a High School Certificate of Equivalency/ Completion. YEAR: _____
5 Received a Certificate of California High School Proficiency or equivalent. YEAR: _____
6 Received a Foreign Secondary School Diploma/Certificate of graduation. YEAR: _____
7 Received an Associate Degree. YEAR: _____
8 Received a Bachelor Degree or higher. YEAR: _____

14. LAST COLLEGE/UNIVERSITY ATTENDED (if applicable)

College/University: _____

City: _____ State: _____

Dates attended:

(From) Month: ___ ___ Year: _____ (To) Month: ___ ___ Year: _____

RESIDENCY	MATRICULATION	REC'D BY	DATE	CODED BY	ADM BY	DATE	REG DATE	OFFICE USE
5 6 7 8	N NM DO DY OY							Rev. 02-20-08

15. CITIZENSHIP ☐ ENTER CODE

1 = United States Citizen
2 = Permanent Resident Alien *
3 = Temporary Resident *
4 = Refugee/Asylee *
5 = Student Visa (F1, M1)
6 = Other Visa type: _____(B-2, H-1,etc)
7 = Other Status (non-res)

Alien Registration/Visa Issue Date: _____/_____/_____ Alien Registration/Visa Expiration Date: _____/_____/_____

* Provide your Alien Registration Number for 2, 3, or 4 : _____ (Optional)

16. U. S. MILITARY STATUS - as of JANUARY 22, 2008 ☐ ***None apply to me (Skip to #17)***

DATE YOU WERE DISCHARGED: _____/_____/_____(MM/DD/YYYY)

☐ Yes ☐ No Are you currently stationed in California?

☐ Yes ☐ No If stationed in California, is it for educational purposes only?

Please circle one answer below:
1. Currently active military
2. Dependent of currently active military
3. Member discharged within the last year
4. Member discharged over a year ago (veteran)

HOME OF RECORD _____ **COUNTRY OF RECORD** _____

17. STATEMENT OF LEGAL RESIDENCE

NOTICE: If additional information is needed to determine your status as a California resident, you will be required to complete a supplemental residency questionnaire and/or present evidence in accordance with Education Code Section 68040. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residence lies with the student. Failure to present such proof will result in a classification of non-resident.

ALL APPLICANTS MUST COMPLETE - Read the following statements and check the boxes that apply to you.

☐ **I am at least 19 years of age OR married and I will answer the following questions for myself.** (Continue to Sec. A & B)

☐ **I am under 19 years old AND under the care and control of a parent or guardian.** (Answer the following & Sec. A & B)

I am answering for my: ☐ Mother ☐ Father ☐ Guardian ☐ Other Name: _____

☐ Yes ☐ No If for parent, has this parent claimed you as a dependent on his/her most recent California Income Tax return?

☐ Yes ☐ No If for guardian, have you lived continuously with this person for the last two years?

☐ **For at least one of the following reasons, I am not under the care and control of a parent or guardian.** (Continue to Sec. A & B)

- I am or have been married, or am legally emancipated
- I am on active duty in the armed services
- I do not have a living parent or legal guardian
- I have been self-supporting for at least one year

Sec. A—Answer the following questions:

☐ Yes ☐ No Have you (or parent/guardian) lived in California for at least the last two years? If No, when did your current stay in California begin? Month: _____ Day:_____Year: _____ ☐ Check if not yet arrived in California

☐ Yes ☐ No Do you (or parent/guardian) intend to maintain California as your state of legal residence?

☐ Yes ☐ No Are you (or parent/guardian) a full-time employee, or spouse or dependent of a full-time employee of any of the following colleges/universities?
● California Community Colleges ● California State University or College ● University of California ● Maritime Academy

☐ Yes ☐ No Is the applicant a full-time credentialed employee of a California public school enrolling in college for purposes of fulfilling credential related requirements?

☐ Yes ☐ No Have you (or parent/guardian) been employed as a seasonal agricultural worker for at least a total of two months of each of the past two years?

☐ Yes ☐ No Declared residency in another state for state income tax purposes?

Sec. B—Answer the following questions: During the last 2 years, have you (or parent /guardian):

☐ Yes ☐ No Declared residency in another state for state income tax purposes?

☐ Yes ☐ No Registered to vote in another state?

☐ Yes ☐ No Declared residency at an out-of-state college or university?

☐ Yes ☐ No Petitioned for a lawsuit or a divorce as a resident in another state?

18. MAIN LANGUAGE

Are you comfortable reading and writing English?

☐ Yes ☐ No

19. NEEDS AND INTERESTS (Optional—Circle all that apply)

Financial Assistance (optional): ☐ Money for College ☐ Receive TANF, SSI, or General Assistance

☐ I am a former or current Foster Youth, and am interested in financial aid and/or other benefits and services for Foster Youth.

1. Academic Counseling/Advising
2. Athletics/Intercollegiate Sports
3. Basic Skills (reading, writing, math)
4. CalWorks
5. Career Planning
6. Child Care
7. Counseling - Personal
8. DSPS—Disabled Student Programs/Services
9. EOPS—Extended Opportunity Programs
10. ESL—English as a 2nd Language
11. Health Services
12. Housing Information
13. Employment Assistance
14. Online Classes
15. Reentry Program (after 5 years out)
16. Scholarship Information
17. Student Government
18. Testing, Assessment, Orientation
19. Transfer Information
20. Tutoring Information
21. Veterans Services

20. APPLICANT MUST READ AND SIGN (California State Law)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFICATION OF MY INFORMATION MAY RESULT IN DISCIPLINARY ACTION BY THE COLLEGE.
Any SMCCCD College may release directory information in compliance with FERPA, the Family Education Rights and Privacy Act. See your college catalogue for more information. Notify the Admissions and Records Office if you do not want information released.
I understand that Federal and State Financial Aid Programs are available to me. Financial Aid information is available in the Financial Aid Office or online.

Applicant's Signature: _____ **Date:** _____