# CONCURRENT ENROLLMENT APPLICATION FOR ADMISSION

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

**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 Name: _____ First Name: _____ Middle Initial: _____

Previous name(s) on academic records: _____

Daytime Phone Number: (_____) _____ - _____ Ext.: _____ Evening 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 S S Number or decline to state**

## 3. DATE LAST ATTENDED CANADA, CSM OR SKYLINE COLLEGES:

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

m

## 4. DATE OF BIRTH

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

## 5. MARITAL STATUS

☐ Married ☐ Decline to state ☐ Unmarried

**GENDER**

☐ Male ☐ Decline to state ☐ Female

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

Program of study you intend to pursue at this college: 6 0 1 0

## 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
**X** Uncollected/unreported
**Y** Not applicable

## 8. ETHNIC BACKGROUND (Optional)

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

☐☐ **Enter Code**

## 9. PERMANENT ADDRESS & EMERGENCY CONTACT (If under 19 and unmarried, MUST provide address of parent/guardian.)

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

Permanent Address: _____ Apt #: _____

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

Emergency Contact Name: _____ Phone Number: (_____) _____ - _____

## 10. ENTRY LEVEL

**Enter Code** Y

1 = First-time Student (Never attended college)
2 = First timeTransfer Student (Attended another college other than SMCCD)
3 = Returning Transfer Student (Returning to SMCCD after another college)
4 = Returning Student (Returning to SMCCD after absent for a main term)
Y = Special Admit Student (Will attend both K-12 and SMCCD college)

## 11. 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 & SMCCD 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: _____

## 12. CALIFORNIA HIGH SCHOOL ATTENDANCE

☐ Yes ☐ No I have graduated from a CA high school or equivalent.
☐ Yes ☐ No I have attended high school in CA for three or more years.
CA high school completed: Month: _____ Year: _____

## 13. LAST HIGH SCHOOL ATTENDED

High School: _____
City: _____ State: _____ Country: _____

## 14. Are you primarily a student at another college and taking courses here to meet their requirements? ____ YES ____ NO

Are you employed and taking only job related classes? ____ YES ____ N O

## 15. LAST COLLEGE/UNIVERSITY ATTENDED (if applicable)

College/University: _____
City: _____ State: _____
Dates attended: 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. 02/09/07 |

**16. 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)

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

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

**17. U. S. MILITARY STATUS - All applicants must complete**

☐ **None apply to me (Skip to #17)**

☐ Yes ☐ No Is California your home of record?

☐ 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)

## 18. 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.**

**Self or Guardian**

☐ **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 unmarried and will answer the following questions for my 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?

**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?

**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?

**19. MAIN LANGUAGE**

Are you comfortable reading and writing English?

☐ Yes ☐ No

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

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

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

**21. 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.**

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