



APPLICATION FOR ADMISSION

Term Applying For:

- Summer
 Fall
 Spring
 Year _____

Full Legal Name:

LAST: _____

FIRST: _____

MIDDLE: _____

Previous Name on Academic Records:

LAST: _____ FIRST _____ MIDDLE _____

Social Security Number (TIN): _____ - _____ - _____

Date of Birth: ____/____/____ Age: _____

Gender: Male Female Decline to state

Current Mailing Address:

Number & Street _____ Apt. _____

City _____ State _____ Zip _____

Country, if other than U.S. _____

Telephone Number () _____

Permanent Address:

Check here if same as mailing address

Number & Street _____ Apt. _____

City _____ State _____ Zip _____

Country, if other than U.S. _____

Telephone Number () _____

Parent/Guardian Information: (Required if under 19 years of age)

Last Name _____ First Name _____

Relationship Father Mother Guardian

Check here if same as permanent address.

Street Address _____

City _____ State _____ Zip/postal code _____

Country if other than U.S. _____ Tel Number() _____

Intended Major or Program of Study:

Student Type – Enrollment Status: (Check one)

- (1) First-time student in college (after leaving high school)
 (2) First-time at this college; have attended another college
 (3) Returning student to this college after absent for a main term
 (Y) Enrolling in high school and college at the same time

Foundation for SBCC:

I am interested in learning about the Foundation for SBCC and ways to support SBCC and its students. I give consent to release my name, mailing address and email addresses for this purpose.

Yes No

Education Goal:

- (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) Earn a career technical 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 (English, reading or math)
 (L) Complete credits for high school diploma or GED
 (N) To move from noncredit coursework to credit coursework
 (O) 4-year college student taking courses to meet 4-year college requirements
 (M) Undecided on goal at this time

High School Educational Level:

(As of the start of application term, you are or will be)

- (0) Not a graduate of, and no longer enrolled in high school
 (1) Will be enrolled in high school and college at the same time
 (2) Currently enrolled in Adult High School
 (3) Received high school diploma from U.S. school
 (4) Passed the GED, or received a High School Certificate of Equivalency
 (5) Received a Certificate of California High School Proficiency
 (6) Received diploma of graduation from a foreign Secondary School

Parents / Guardian Education Level:

(Regardless of your age, please indicate the education levels of the parents and/or guardians who raised you)

Parent / Guardian #1

- (1) Grade 9 or less
 (2) Some high school; did not graduate
 (3) High School graduate
 (4) Some college credit; no degree
 (5) Associate's Degree
 (6) Bachelor's Degree
 (7) Graduate or professional degree beyond BA/BS
 (X) Unknown
 (Y) No parent or guardian raised me

Parent / Guardian #2

- (1) Grade 9 or less
 (2) Some high school; did not graduate
 (3) High School graduate
 (4) Some college credit; no degree
 (5) Associate's Degree
 (6) Bachelor's Degree
 (7) Graduate or professional degree beyond BA/BS
 (X) Unknown
 (Y) No parent or guardian raised me

Return to:

**Santa Barbara City College
Admissions & Records Office
721 Cliff Drive, Santa Barbara, CA 93109-2394**

Statement of Legal Residence

Citizenship (Mark only one)

- U.S. Citizen
- Temporary Resident / Amnesty *
- Student Visa F1 or M1
- Permanent Resident*
- Refugee / Asylee*
- Other Status

*Provide your Alien ID number: _____

Visa Type: _____

Visa/Alien ID Issue Date: _____

Visa/Alien ID Expiration Date: _____

Have you lived in California continuously for at least the last two years?

Yes No If no, when did your CURRENT stay in California begin?

MONTH DAY YEAR

Are you a full-time employee, or spouse or dependent of a full-time employee of any of the following colleges/universities: California Community College; California State University or College; University of California; Maritime Academy. Yes No

Are you a full-time credentialed employee of a California public school enrolling in college for purposes of fulfilling credential-related requirements? Yes No

Have you been employed as a seasonal agricultural worker for at least a total of two months of each of the past two years? Yes No

I am a former or current Foster Youth and am interested in financial aid and/or other benefits and services to Foster Youth. Yes No

During the last two years, have you: Declared residency in another state for state income tax purposes?

Yes No if yes, Year(s) _____ State _____

Have you registered to vote in another state?

Yes No if yes, Year(s) _____ State _____

Have you declared residency at an out-of-state college or university?

Yes No if yes, Year(s) _____ State _____

Have you petitioned for a lawsuit or a divorce as a resident in another state?

Yes No if yes, Year(s) _____ State _____

US Military / Dependent of Military Status:

Student's Military Status <input type="radio"/> None apply to me <input type="radio"/> Currently serving on active duty <input type="radio"/> Veteran <input type="radio"/> Member of Active Reserve <input type="radio"/> Member of National Guard	Parent/Guardian Military Status <input type="radio"/> None apply to my parent/guardian <input type="radio"/> Currently serving on active duty <input type="radio"/> Veteran <input type="radio"/> Member of Active Reserve <input type="radio"/> Member of National Guard
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Date of Discharge: _____ Home State of record: _____

Are you currently stationed in California? Yes No

High School Last Attended:

High School Name: _____

City: _____ State: _____

Country if other than U.S. _____

Graduation Date (MM/DD/YYYY) _____

Have you attended high school in California for 3 or more years?

Yes No

Prior College(s): (List most recent first) (attach separate sheet if needed)

College Name: _____

City: _____ State _____

Country if other than U.S. _____

From (MM/DD/YYYY) _____ To (MM/DD/YYYY) _____

Degree Earned (if applicable) _____

College Name: _____

City: _____ State _____

Country if other than U.S. _____

From (MM/DD/YYYY) _____ To (MM/DD/YYYY) _____

Degree Earned (if applicable) _____

Future Transfer Plans:

<input type="radio"/> 00- No Transfer Plans	<input type="radio"/> 11- Community college
<input type="radio"/> 01- out of State / Foreign	<input type="radio"/> 12- CSU, Channel Islands
<input type="radio"/> 02- UCSB	<input type="radio"/> 13- UC Davis
<input type="radio"/> 03- UC Berkeley	<input type="radio"/> 14- UC Irvine
<input type="radio"/> 04- UCLA	<input type="radio"/> 15- UC San Diego
<input type="radio"/> 05- Other UC campuses	<input type="radio"/> 16- UC Santa Cruz
<input type="radio"/> 06- Cal Poly, SLO	<input type="radio"/> 17- San Diego State
<input type="radio"/> 07- CSU, Northridge	<input type="radio"/> 18- CSU, Long Beach
<input type="radio"/> 08- Other CSU campuses	<input type="radio"/> 19- San Francisco State
<input type="radio"/> 09- Westmont College	<input type="radio"/> 20- USC
<input type="radio"/> 10- CA private college	<input type="radio"/> 21- Antioch University

Primary Language:

<input type="radio"/> 01- English	<input type="radio"/> 03- Farsi	<input type="radio"/> 05- Spanish
<input type="radio"/> 02- Chinese	<input type="radio"/> 04- Japanese	<input type="radio"/> 06- Vietnamese
		<input type="radio"/> 07- Other

Race/Ethnicity :

Are you of Hispanic or Latino ethnicity? Yes No (check one or more)

<input type="checkbox"/> 01- Hispanic, Latino	<input type="checkbox"/> 11- Asian Cambodian
<input type="checkbox"/> 02- Mexican, Mexican-American, Chicano	<input type="checkbox"/> 12- Asian Vietnamese
<input type="checkbox"/> 03- Central American	<input type="checkbox"/> 13- Filipino
<input type="checkbox"/> 04- South American	<input type="checkbox"/> 14- Asian Other
<input type="checkbox"/> 05- Hispanic Other	<input type="checkbox"/> 15- Black or African American
<input type="checkbox"/> 06- Asian Indian	<input type="checkbox"/> 16- American Indian/Alaskan Native
<input type="checkbox"/> 07- Asian Chinese	<input type="checkbox"/> 17- Pacific Islander Guamanian
<input type="checkbox"/> 08- Asian Japanese	<input type="checkbox"/> 18- Pacific Islander Hawaiian
<input type="checkbox"/> 09- Asian Korean	<input type="checkbox"/> 19- Pacific Islander Samoan
<input type="checkbox"/> 10- Asian Laotian	<input type="checkbox"/> 20- Pacific Islander Other
	<input type="checkbox"/> 21- White

Employment Expectation: (Hours per week during the semester)

<input type="radio"/> 01- 0/None	<input type="radio"/> 03- 10 to 19	<input type="radio"/> 05- 30 to 39
<input type="radio"/> 02- 1 to 9	<input type="radio"/> 04- 20 to 29	<input type="radio"/> 06- 40 or more
		<input type="radio"/> 07- Unknown

To be signed by all students

I declare under penalty of perjury that the statements submitted by me are true and correct. All materials submitted by me for the purposes of admission become the property of Santa Barbara City College. I understand that falsification, withholding pertinent data, or failure to report change in residence may result in my dismissal.

Student Signature: _____ Date _____

For Office Use Only:

Banner ID

K _____

Residency: 5- CA 6- OS 8-INTL 7- AB540

Entered by: _____

Date: _____

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