



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

APPLICATION FOR ADMISSION

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
SS Number or decline to state

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

____ - ____ - ____
Month Year

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.

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:

8. ETHNIC BACKGROUND (Optional)

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

- 1 = First-time Student (Never attended college)
- 2 = First time Transfer 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)

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 ___ NO

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: _____

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 Rev. 2/27/06 DB
5 6 7 8	N NM DO DY OY							

15. CITIZENSHIP

1 = United States Citizen

3 = Temporary Resident *

5 = Student Visa (F1, M1)

ENTER
CODE

2 = Permanent Resident Alien *

4 = Refugee/Asylee *

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)

16. 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)

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.**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?**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

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.

Applicant's Signature: _____ Date: _____