



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT
SMCCCD

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/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)

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							

15. CITIZENSHIP	1 = United States Citizen	3 = Temporary Resident *	5 = Student Visa (F1, M1)
<input type="checkbox"/> ENTER CODE	2 = Permanent Resident Alien *	4 = Refugee/Asylee *	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 do not have a living parent or legal guardian

• I am on active duty in the armed services

• 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

8. DSPS—Disabled Student Programs/Services

15. Reentry Program (after 5 years out)

2. Athletics/Intercollegiate Sports

9. EOPS—Extended Opportunity Programs

16. Scholarship Information

3. Basic Skills (reading, writing, math)

10. ESL—English as a 2nd Language

17. Student Government

4. CalWorks

11. Health Services

18. Testing, Assessment, Orientation

5. Career Planning

12. Housing Information

19. Transfer Information

6. Child Care

13. Employment Assistance

20. Tutoring Information

7. Counseling - Personal

14. Online Classes

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:** _____