



NON-CREDIT APPLICATION FOR ADMISSION

50 Phelan Avenue, Smith Hall, Room 118B, San Francisco, CA. 94112

ABOUT SSL CERTIFICATES

PLEASE COMPLETE THE ENTIRE APPLICATION IF YOU ARE A NEW STUDENT.

Semester:

Fall
Spring Year
Summer

Campus you would like to attend:

[Civic Center](#) [Downtown](#) [Mission](#)
[Chinatown/North Beach](#) [Evans](#) [Ocean Ave.](#)
[Castro/Valencia](#) [John Adams](#) [Southeast](#)

1. IDENTIFICATION

Student ID / Social Security Number - - (Optional)

Be sure your Social Security Number is accurate as it is used as part of your permanent record. If you do not have a Social Security Number, leave blank and you will be assigned a Student Identification Number

Last Name

First Name Middle
Email

Previous Name

Last Name
First Name Middle

Mailing Address

Number and Street Apt. #
City State Zip Code -

Permanent Address (if different)

Number and Street Apt. #
City State Zip Code -

Home Phone () -

Work Phone () -

Sex Male Female

Birthdate: Month Day

2. RACE/ETHNICITY

Per U.S. Dept. of Education guidelines, colleges are required to collect the following racial and ethnic data.

Are you Hispanic or Latino? Select Yes or No

What is your race/ethnicity? Check one or more.

Mexican, Mexican-American, Chicano

Central American

South American

Hispanic: Other

Asian: Indian

Asian: Vietnamese

Filipino

Asian: Other

Black or African American

American Indian/Alaskan Native

8. INSTITUTIONAL FUNDING INFORMATION

City College receives additional assistance to support our educational programs and financial aid for students. How much we receive is dependent upon certain information we provide our students, their background, income levels, and experiences. Please complete this section to help us receive our "fair share." All information is voluntary and is strictly confidential.

- | | | |
|---|--------|----|
| 1) Would you classify yourself as economically disadvantaged? | Yes | No |
| 2) What is your annual household income? | Income | |
| 3) How many dependents are in your family including yourself? | Number | |
| 4) Are you a recipient of CALWORKS (formerly AFDC)? | Yes | No |
| 5) Are you a recipient of the Supplemental Security Income Program (SSI)? | Yes | No |
| 6) Are you a recipient of General Assistance Program (GA)? | Yes | No |
| 7) Are you a single parent? | Yes | No |

9. CHILD CARE

Do you need Child Care? Yes No

10. STUDENT SIGNATURE

I declare that the foregoing statements of fact provided by me on this form are true and correct.