

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:	Campus you would like to attend:					
Fall	Civic Center		<u>Downtown</u>	<u>Mission</u>		
Spring Year	Chinatown/Nor	rth Beach	<u>Evans</u>	Ocean Ave.		
Summer	Castro/Valenci	<u>ia</u>	John Adams	<u>Southeast</u>		
1. IDENTIFICATION						
I. IDENTIFICATION						
Student ID / Social Security Num	ber	(Optional)				
Be sure your Social Security Number is accube assigned a Student Identification Number	rate as it is used as part of	your permanent	record. If you do not have	a Social Security Number, leave blank and you will		
Last Name						
First Name						
Email						
Previous Name						
Last Name						
First Name						
Mailing Address						
Number and Street		Apt. #				
City	State Zip Code	-				
Permanent Address (if different)						
Number and Street		Apt. #				
	State Zin Cada	7 .p.				
City	State Zip Code	-				
Home Phone () -		Work Phor	ne () -			
Tionic Thomas ()		Work i noi	,			
Sex Male Female		Birthdate:	Month Day	y		
2 DACE/ETHNICITY						
2. RACE/ETHNICITY						
Per U.S. Dept. of Education guide	lines, colleges are	required to o	collect the following	racial and ethnic data.		
	Are you Hispanic	or Latino?	Select Yes or No			
	7110 you inopullo	or Laurio.	Select 1 cs of 1 to			
	What is your rac	e/ethnicity?	Check one or more			
Mexican, Mexican-Ameri	can. Chicano	Asia	an: Vietnamese			
Central American	,	Filip				
South American			n: Other			
Hispanic: Other		Blac	ck or African Americ	an		
Asian: Indian		Ame	erican Indian/Alaska	n Native		

Asian: Chinese Pacific Islander: Guamanian
Asian: Japanese Pacific Islander: Hawaiian
Asian: Korean Pacific Islander: Samoan
Asian: Laotian Pacific Islander: Other

Asian: Cambodian White

4. EDUCATION

What is your long term Educational Goal?

Educational Goal

Please indicate the Certificate you are interested in achieving:

(if no certificate is desired, please select: "Other/Unknown")

Certificate

What is the Highest Educational Level You Have completed?

Highest Educational Level

Year Received

Name of High School

Is English Your Primary Language? Yes No

5. EMERGENCY CONTACT

Last Name First Phone () -

Number and Street Apt. #

City State Zip Code -

6. NON-DISCRIMINATION POLICY

All programs and activities offered by City College of San Francisco shall be performed in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, sex, pregnancy, marital status, sexual orientation, disability or veteran status.

7. INFORMATION RELEASE

Can *Directory Information** be released to the public, Federal, State and Local governmental agencies without your written consent?

Yes

No

* *Directory Information* is defined as information contained in an educational record of a student which would not generally be considered harmful or an invasion of privacy if disclosed. It includes, but is not limited to the students's name, address, telephone listing, date and place of birth, level of education, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended.

(**Note:** The above listing of Directory Information may be revised as Federal and/or State Regulations change. A listing of Directory Information is located in the City College Catalog and Schedule of Classes. The college assumes no liability for honoring a student's request that such information be withheld.)

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 yourse	f as economically	disadvantaged?	Yes	No
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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.