

NONCREDIT APPLICATION FOR ADMISSION REGISTRATION AND COURSE ENROLLMENT FORM

PLEASE COMPLETE THIS ENTIRE FORM IF YOU ARE A NEW STUDENT AND SUBMIT IN PERSON TO THE ADMISSIONS & ENROLLMENT OFFICE OF THE CAMPUS YOU PLAN TO ATTEND OR EMAIL NC_ADMIT@CCSF.EDU

Semester:	Cam	Campus you would like to attend:										
Fall Year Spring Summer		Chinatown/North Beach (C) Evans (E) Mission (M) Downtown (D) John Adams (J) Ocean Campu										
Social Security/Student ID Number		Last Name (Far	amily Name) First Name Middle Name									
If you do not have a Social Security Number, and you will be assigned a Student Identificat		(Previous Name	e) Last Name First Name Middle Name									
Mailing Address/Number and Street		Apt.#	Gender Option Not listed Birthdate : month / day / year									
City State	Zip		Home / Work Phone Cell Phone Text Yes No									
City State	210											
Permanent Address/ Number and Street (if different) E-Mail Address												
2. RACE/ETHNICITY 3. Preferred Name												
Are you Hispanic or Latino?		(NEW) only:	IE									
Yes No What is your Race/Ethnicity? (Mark X one or more) 01 Hispanic, Latino	name will only change which name appears in internal locations such as Web4 and class l name, which will appear on all Official/Unofficial Transcripts, Student Financial Aid records, s. These items will not be changed unless proof of a legal name change is presented.											
02 Mexican, Mexican American/Chicano	What is vo	our Long-Term	n What is the Highest Educational Level you have									
 03 Central American 04 South American 05 Hispanic Other 06 Asian Indian 07 Asian Chinese 	(Mark X	al Goal?	completed? (Mark X only one) Not a graduate of, and not currently enrolled in High School (000) Currently enrolled in High School (100) Name of High School Currently pursuing certificate of High School Equivalency (200)									
08 Asian Japanese 09 Asian Korean 10 Asian Laotian		ocational ate without transf										
11 Asian Cambodian 12 Asian Vietnamese	L license	()	Received a U.S. High School Diploma (3)									
13 Filipino 14 Asian Other		er/Formulate car is, plans, or goal										
15 Black or African American 16 American Indian/Alaskan Native		e credits for hig r GED (L)										
			School Diploma or Certificate (6)									
17 Pacific Islander Guamanian		ional developme tual or cultural (J	College Graduate (Fill in the year you received your Degree)									
18 Pacific Islander Hawaiian		e in current job/										
19 Pacific Islander Samoan 20 Pacific Islander Other		update job skills ded on goal (M)	s (H) C Received a Bachelor's Degree									
21 White	Is English your Primary Language?											

5. EMERGENCY CONTACT													
Emergency Contact Name					Phone Number								
Ad	dress-Number and	Street		Apt. #	City			State	Zip				
6. NON-DISCRIMINATION													
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?													
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 student'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. YES													
(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 College Catalog and Schedule of Classes. The College assumes no liability for honoring a student's request that such information be withheld.)													
8.	INSTITUTIO	NAL FUNDING	G INFORMA	ΓΙΟΝ									
C(lo:	CSF needs your he se dollars critical fo	elp in gathering infor r your education. Th	mation to support	vital funding tary and resp	Without yo onses are tr	ur partio eated w	cipation in comple vith confidentiality	eting this surve	ey the College stands to				
1.7		ceiving benefits from	n: (Check all that a	ipply)		:			, is your annual income				
	General Assis	Security Income (Stance (GA)?					less than the a	mount stated i YES	n the chart below: NO				
	-	nomic public assista					Family Size, Inclu	ding Yourself	Annual Income is Less Than:				
	5 0 1	rent with custody of			YES	NO	Yourself	Only	\$65,250				
4. Are you a displaced homemaker attending City College of Francisco to develop job skills? (A displaced homemaker is an adult who previously worke home to care for their family; did not work elsewhere, and another family members income, but now must rely upon			ed in the	YES	NO	2		\$74,600					
						3		\$83,900					
						4							
themselves financially.) 5. Do you receive or need assistance in English because Engl				alish is not		YES			\$93,200				
your first language?				-	TES	NO	5		\$100,700				
In the last 36 months, have you moved to obtain temporary seasonal employment in the areas of agriculture, dairy or f					YES	NO	Each Additional Fa	amily Member	Add \$7,450				
(did you move to ac	company parents or											
	areas)? In the past three mo	onths, have you beer	n living in stable h	ousing that	YES	NO							
Ŋ	you own, rent, or st	ay in as part of a hou	usehold?	-									
	CHILD CAR												
	o you need child		Children's Cour	YES	anaiaaa at	NO	12 2200 er errei	latur Gabildr					
ca	II Wu Yee Childrei	ild care can call the n's Services at (415											
information for parents and guardians. ' Low income students with preschool-age children can also call the CCSF Child Care Line to access our 5 CCSF child care centers at (415)													
56	1-1895. Low incor	me students seekin	g child care for a	ny age child	can also co	ontact th	ne SF Centralize	d Eligibility Lis	st at (415) 276-2951.				
_		S SIGNATURE											
Id	eclare that the for	egoing statements	of fact provided t	by me on this	form are tr	ue and	1	month /	dav / vear				
Signature Date: month / day / year													
11	. ENROLLM	ENT											
	CRN	Subject	Course	Days	Times	Cours	e Title	Instructo	r's Name				
1													
2													
3													