



CITY COLLEGE OF SAN FRANCISCO
APPLICATION FOR ADMISSION
 CREDIT DIVISION

APPLICATION DATE					

OFFICE OF ADMISSIONS & RECORDS • 50 PHELAN AVE. • ROOM E-107 • SAN FRANCISCO, CA 94112 • (415) 239-3285

Please provide ALL information requested on this form.

PERSONAL INFORMATION

- Social Security Number** _____
 Be sure your Social Security Number is accurate as it is used as part of your permanent record. You will also be assigned a Student Identification Number.
- Legal Name (Please Print)**
 Last Name _____ First Name _____ Middle Name _____
 E-mail Address _____
- Previous Last Name Used at City College if Different From Current Last Name** _____
 Previous First Name _____ Previous Middle Name _____
- Term For Which You Are Applying** Fall Spring Summer Year _____

PERMANENT RESIDENCE ADDRESS (NOT A P.O. BOX)

- Number and Street _____ Apt. Number _____
 City _____ State _____ Zip Code _____
 Permanent Residence Phone (_____) _____ Work Phone (_____) _____

MAILING ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS)

- Number and Street _____ Apt. Number _____
 City _____ State _____ Zip Code _____
 Permanent Residence Phone (_____) _____ Work Phone (_____) _____

- Gender Male Female Option Not Listed
- Date of Birth Month Day Year
 Example 1 2 2 5 6 7

- Ethnic Background (check one or more)

Are you Hispanic or Latino? Yes No

- | | |
|--|--|
| <input type="checkbox"/> 01 Hispanic, Latino | <input type="checkbox"/> 11 Asian Cambodian |
| <input type="checkbox"/> 02 Mexican, Mexican-American, Chicano | <input type="checkbox"/> 12 Asian Vietnamese |
| <input type="checkbox"/> 03 Central American | <input type="checkbox"/> 13 Filipino |
| <input type="checkbox"/> 04 South American | <input type="checkbox"/> 14 Asian Other |
| <input type="checkbox"/> 05 Hispanic Other | <input type="checkbox"/> 15 Black or African American |
| <input type="checkbox"/> 06 Asian Indian | <input type="checkbox"/> 16 American Indian/Alaskan Native |
| <input type="checkbox"/> 07 Asian Chinese | <input type="checkbox"/> 17 Pacific Islander Guamanian |
| <input type="checkbox"/> 08 Asian Japanese | <input type="checkbox"/> 18 Pacific Islander Hawaiian |
| <input type="checkbox"/> 09 Asian Korean | <input type="checkbox"/> 19 Pacific Islander Samoan |
| <input type="checkbox"/> 10 Asian Laotian | <input type="checkbox"/> 20 Pacific Islander Other |
| | <input type="checkbox"/> 21 White |

- Citizenship Status?** (Check One Only)

<input type="checkbox"/> I am a U.S. Citizen (1)	<input type="checkbox"/> I am a Temporary Resident (3)
Non-U.S. Citizen	<input type="checkbox"/> I am a Refugee/Asylee (4)
<input type="checkbox"/> I am a permanent Resident Alien Card Holder (2)	<input type="checkbox"/> I am on a Student Visa (M-1 or F-1) _____ (5)
	<input type="checkbox"/> Other Citizen Status _____ (6)
	<input type="checkbox"/> I am a recipient of a B1, B2, or F2 Visa _____ (9)

EDUCATION INFORMATION

11. **Major (Program of Study You Intend to Pursue)** _____
 (Select a Major Code from the Major Code Sheet – Use Code Sheet “A”)

12. **Enrollment Status** ENTER APPROPRIATE NUMBER IN BOX

1 Attending college for the first time since high school.
 2 Never attended this college but have attended or are currently attending another college.
 3 Returning to this college after attending another college.
 4 Returning to this college and have not attended another college since last term here.
 Y Attending high school during the term for which I am applying to this college.

Date of last attendance at CCSF – Semester: _____ Year: _____

13. **Educational Goal (You MUST check one of the Following Goals)**

Obtain an Associate Degree and Transfer to a 4-Year Institution **(A)**
 Transfer to a 4-Year Institution Without an Associate Degree **(B)**
 Obtain a 2-Year Associate’s Degree Without Transfer **(C)**
 Obtain a 2-Year Vocational Degree Without Transfer **(D)**
 Earn a Vocational Certificate Without Transfer **(E)**
 Discover/Formulate Career Interest, Plans and Goals **(F)**
 Prepare for a New Career (Acquire Job Skills) **(G)**
 Advance in Current Job/Career (Update Job Skills) **(H)**
 Maintain Certificate of License (e.g. Nursing, Real Estate) **(I)**
 Educational Development (Intellectual, Cultural) **(J)**
 Improve Basic Skills in English, Reading and/or Math **(K)**
 Complete Credits for High School Diploma or GED **(L)**
 Undecided on Educational Goal **(M)**

14. **Educational Status** (Check Highest Level You Have Achieved)

Earned a U.S. High School Diploma in _____ **(3)**
 Special Student Currently Enrolled in Grade 12 or Below **(100)**
 Not a High School Graduate, Currently Enrolled in Adult School **(200)**
 Passed the GED or Received a Certificate of H.S. Equivalency in _____ **(4)**
 Earned a California H.S. Proficiency Certificate in _____ **(5)**
 Earned a Foreign Secondary Diploma or Certificate of Graduation in _____ **(6)**
 Earned a U.S. Associate Degree in _____ **(7)**
 Earned a U.S. Bachelor’s or Higher Degree in _____ **(8)**
 Not a Graduate of, and No Longer Enrolled in High School **(000)**
 Unknown/Unreported **(XXX)**

15. Number of Hours You Expect to Work This Term in Addition to Your Studies: **Example:** **A**

A. = 1-9 Hours Per Week **B.** = 10-19 Hours Per Week **C.** = 20-29 Hours Per Week **D.** = 30-39 Hours Per Week
E. = 40+ Hours Per Week **N.** = Do Not Expect to Work **X.** = Do Not Know At This Time

16. Is English Your Primary Language? YES NO

EMERGENCY CONTACT

17. In case of emergency, contact _____ (_____) _____
Name Phone

18. What High School Did You Attend Last?

Code Number: (Use High School Code Sheet Column)

Name of High School: _____

City: _____ State: _____ Month _____ Day _____ Year _____

Graduation Date
 Example 1 2 2 5 6 7

Provide information on all school(s) you attended in grades 9 - 12

School	City	State	Dates From-Month/Year	Dates To-Month/Year

19. What College Did You Attend Last?

Code Number: (Use College Code Sheet Column)

Name of College: _____

City: _____ Country: _____ Month _____ Day _____ Year _____

Date Highest College Degree Awarded
Example _____
1 2 2 5 6 7

Degree Earned: Associate (AA) Bachelors (BA) Masters (MA) Doctorate (PHD) Not Applicable

20. List Below all the Colleges Attended (including City College of San Francisco), including the College Listed in Question 19.

COLLEGE/UNIVERSITY If No College, Write "None"	CITY AND STATE or Foreign Country	DATES OF ATTENDANCE Month/Year to Month/Year	DEGREES EARNED

21. City College of San Francisco is committed to assisting you in achieving your educational goals. Each area listed below provides special services. Please indicate the services that you will utilize. (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Would like to receive information about money for college (1) | <input type="checkbox"/> Career Planning (11) |
| <input type="checkbox"/> Child Care (2) | <input type="checkbox"/> Student Health (12) |
| <input type="checkbox"/> Disabled Student Programs and Services (3) | <input type="checkbox"/> Reentry Services (13) |
| <input type="checkbox"/> Transfer Services (4) | <input type="checkbox"/> Gay, Lesbian, Bisexual Studies Department or Queer Services (14) |
| <input type="checkbox"/> Employment Assistance (5) | <input type="checkbox"/> Latino Services (15) |
| <input type="checkbox"/> Basic Skills (6) | <input type="checkbox"/> African American Services (16) |
| <input type="checkbox"/> Tutoring (7) | <input type="checkbox"/> Homeless Services (17) |
| <input type="checkbox"/> English as a Second Language (ESL) (8) | <input type="checkbox"/> Honors Program (18) |
| <input type="checkbox"/> Extended Opportunity Programs and Services (EOPS) (9) | <input type="checkbox"/> I am interested in becoming a teacher (19) |
| <input type="checkbox"/> Bilingual Assistance (10) | <input type="checkbox"/> None of the Above (0) |

22. 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.

Would you classify yourself as economically disadvantaged? ____ Yes ____ No

What is your annual household income

- | | | | |
|------------------------|------------------------|------------------------|------------------------|
| ____ Below \$23,750 | ____ \$23,751-\$27,150 | ____ \$27,151-\$30,550 | ____ \$30,551-\$33,950 |
| ____ \$33,951-\$36,650 | ____ \$36,651-\$39,350 | ____ \$39,351-\$42,050 | ____ \$42,051-\$44,800 |
| ____ Over \$44,800 | | | |

How many dependents are in your family including yourself? (please check one)

- ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 6 ____ 8 ____ 9+

Are you a recipient of CALWORKS (formerly AFDC)? ____ Yes ____ No

Are you a recipient of the Workforce Investment Act (WIA)? ____ Yes ____ No

Are you a recipient of Supplemental Security Income Program (SSI)? ____ Yes ____ No

Are you a recipient of Temporary Assistance for Needy Families (TANF)? ____ Yes ____ No

Are you a recipient of General Assistance Program (GA)? ____ Yes ____ No

Are you a recipient of Section 8 Housing? ____ Yes ____ No

Are you a recipient of any other form of economic public assistance? ____ Yes ____ No

Please specify _____

Are you a single parent? ____ Yes ____ No

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.

CALIFORNIA RESIDENCY CERTIFICATION

The information you provide in the following section will be used to determine your residency in California, Nonresidents of California will be assessed nonresident tuition at the time of enrollment.

In general, to qualify as a California resident, you must have resided in California with the clear intent of making California your permanent State of residence for a minimum of one year and one day prior to the first day of instruction for the term in which you are enrolling. There are certain exceptions to this California regulation which apply to military personnel and their dependents, or in the case of certain students below the age of 19 years.

You may submit two pieces of documentation to verify your California residence, e.g. California Drivers license, California Identification Card, bank statement, voter registration card, letter from employer or government agencies, rent receipts, transcripts from California schools, etc.

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1. THIS SECTION MUST BE COMPLETED BY ALL STUDENTS

Date you began living at your present address _____
Month Day Year

If you have lived at your present address for less than two years, please list previous address(es) below:

Street Address _____ City _____ State _____ Month/Year to Month/Year

According to State Law (section 54012, (b) subsection (f) of section 54024) each of the following questions must be answered:

If Yes, In What Year?
YEAR

Have you registered to vote in a state OTHER than California? Yes No _____

Have you petitioned for a divorce in a state OTHER than California? Yes No _____

Have you attended an out-of-state educational institution as a resident of that state? Yes No _____

Have you declared non-residence for California state income tax purposes? Yes No _____

2. THIS SECTION MUST BE COMPLETED ABOUT YOUR PARENT(S) OR GUARDIAN(S) IF YOU ARE UNMARRIED AND UNDER THE AGE OF 19 YEARS.

Name of Legal Guardian: _____
Last First Middle

Relationship To You: Father Mother Guardian

Answer the following for your Legal Guardian whether your parent(s) or other person(s)

Please Specify Your Guardian's Citizenship of Visa Status:

U.S. Citizen Permanent Resident of U.S. with Immigration Adjustment Date: _____ - _____ - _____
Month Day Year

Other Visa Status (please Specify): _____

Guardian's Legal Address(es) for the Past Two Years
 Street Address _____ City _____ State _____ From To
Month/Year Month/Year

When Did Your Legal Guardian(s) Present Stay in California Begin? _____ - _____ - _____
Month Day Year

According to State Law (section 54012, (b) subsection (f) of section 54024) each of the following questions must be answered:

If Yes, In What Year?
YEAR

Have your parent(s) or guardian(s) registered to vote in a state OTHER than California? Yes No _____

Have your parent(s) or guardian(s) petitioned for a divorce in a state OTHER than California? Yes No _____

Have your parent(s) or guardian(s) attended an out-of-state educational institution as a resident of that state? Yes No _____

Have your parent(s) or guardian(s) declared non-residence for California state income tax purposes? Yes No _____

3. THIS SECTION TO BE COMPLETED BY MILITARY PERSONNEL AND THEIR DEPENDENTS ONLY.

Are you a member of the military? Yes

Give date military service began in California _____
Month Day Year

Are you a dependent of a person on military active duty? Yes

Give date military service began in California _____
Month Day Year

Please submit copy of Military Orders, Military I.D. Card or DD214 with this application.

IMPORTANT: Students classified incorrectly by the college as residents of California are subject to reclassification and are responsible for payment of nonresident tuition.

TO BE SIGNED BY ALL STUDENTS

I declare under penalty of perjury that the statements submitted by me in connection with determination of California residence are true and correct. All materials submitted by me for purposes of admission become the property of City College of San Francisco. I understand that falsification, withholding pertinent data, or failure to report changes in residence may result in District action and full payment of all applicable fees/tuition.

Student's Signature _____ Date: _____

FOR OFFICE USE ONLY

RESD-CD	AH/HOLD	REASON:	
EXEMPT		ENTD	DATE