

# Your Application

## Major Codes—Use to complete application (question number 1)

Accounting . . . . .	050200A	Dance . . . . .	100800	Liberal Studies (for Elementary Teaching) . .	490120
Administrative Support . . . . .	051400B	Dental Hygiene . . . . .	124020	Mathematics . . . . .	170100
American Studies . . . . .	220120	Digital Publishing . . . . .	061400	Medical Assistant . . . . .	120800
Anthropology . . . . .	220200	Digital Management,		Medical Insurance Specialist . . . . .	051420A
Art History . . . . .	100200A	Career Preparation (DMCP) . . . . .	499900	Music . . . . .	100400
Art Photography . . . . .	100200C	Early Childhood Education . . . . .	130500	Nursing . . . . .	123010
Art Studio . . . . .	100200B	Economics . . . . .	220400	Philosophy . . . . .	150900
Asian Studies . . . . .	221010	Engineering . . . . .	090100	Physical Education . . . . .	083500
Astronomy . . . . .	191100	Engineering Technology . . . . .	092400	Physics . . . . .	190200
Bilingual/Bicultural Studies . . . . .	220300	English . . . . .	150100	Political Science . . . . .	220700
Biology . . . . .	040100	Fire Service Management . . . . .	213300B	Psychology . . . . .	200100
Building Inspection . . . . .	095720A	Fire Technology . . . . .	213300A	Radiologic Technology . . . . .	122500A
Business . . . . .	050100	French . . . . .	110200	Science . . . . .	490200
Chemistry . . . . .	190500	Geography . . . . .	220600	Social Science . . . . .	220100
Communication Studies . . . . .	150600	Geology . . . . .	191400	Sociology . . . . .	220800
Computer Bus. Applications . . . . .	051400A	German . . . . .	110300	Spanish . . . . .	110500
Computer Networking/System Admin. . . . .	070810	Health Science/Community Health . . . . .	083700	Theatre Arts . . . . .	100700
Computer Science (transfer) . . . . .	070600	History . . . . .	220500	Undeclared/Undecided . . . . .	000001
Computer Science (programming) . . . . .	070710	Horticulture, Gen. & Crop Production . . . . .	010900A	Web Media . . . . .	061430
Computer Support Specialist . . . . .	070820	Horticulture, Landscape . . . . .	010910A	Welding . . . . .	095650
Construction & Energy Mgmt. . . . .	095700	Human Services . . . . .	210400A		
Criminal Justice: Corrections . . . . .	210510	International Studies . . . . .	221000		
Criminal Justice:		Journalism . . . . .	060200A		
Law Enforcement . . . . .	210500	Liberal Arts (transfer) . . . . .	490110		
Culinary Arts & Hospitality Mgt. . . . .	130630A	Liberal Arts and Sciences . . . . .	490100		



### Payment Information FALL WINTERSESSION SPRING SUMMER

1. Payment is due and must be **received** within 5 working days by the College Bank, M - Th, 9 am–3:30 pm, F 9-1.
2. Make check or money order payable to: Cabrillo College. **Do Not Mail Cash.**
3. You will not be able to add or drop courses or order transcripts if your fees become delinquent.

### Mail payment to:

Cabrillo College  
College Bank  
6500 Soquel Drive  
Aptos, CA 95003

### ----- Mail portion below with payment. Save the above for your records. -----

Please print clearly.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SSN or ID: \_\_\_\_\_

Address: \_\_\_\_\_

Amount due: \$ \_\_\_\_\_

**All students must pay the Student Center Fee** (\$1 per unit to a maximum of \$5). You may waive the Student Center fee only if you are in one of the following categories: recipient of TANF/CalWORKS, recipient of Supplemental Security Income/State Supplementary Program, or recipient of General Assistance Program.

**Student Center Fee Waiver category:** \_\_\_\_\_

**The \$1 Student Representation Fee** may be waived for religious, political, financial, or moral reasons by *submitting a written statement with your registration fee.*

### Payment options:

1. **Check/Money Order** (*write student ID number or social security number on check or money order*)

2. **VISA or MasterCard**

Card # \_\_\_\_\_ Security code \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature (required) \_\_\_\_\_

3. **Bill another agency** (voucher or authorization must be attached).

# CABRILLO COLLEGE APPLICATION FOR ADMISSION

**You Must Complete All Items on Both Sides**

Have you ever submitted an application to Cabrillo College?  No  Yes Year? \_\_\_\_\_ Name, if different \_\_\_\_\_

In which term do you anticipate starting or re-entering Cabrillo? **Check only one:**  Summer  Fall  Wintersession  Spring

Social Security Number:

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Legal Name \_\_\_\_\_  
Last First MI

Residence Address \_\_\_\_\_  
Street Apt. # City State Zip

Mailing Address \_\_\_\_\_  
(If different from residence address; P.O. Box acceptable) Street Apt. # City State Zip

Phone Numbers \_\_\_\_\_  
Home Work Ext Cell

Date of Birth: 

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 Age \_\_\_\_\_  
Month Day Year

Ethnicity (Select One or more ) Per U.S. Dept. of Ed. Guidelines, Colleges are required to collect the following racial and ethnic data: Are you Hispanic or Latino?  Yes  No

- |  |   |  |  |  |
|--|---|--|--|--|
| <input type="checkbox"/> AC Chinese      | <input type="checkbox"/> AL Laotian     | <input type="checkbox"/> B Black                               | <input type="checkbox"/> HS South American | <input type="checkbox"/> PS Samoan                 |
| <input type="checkbox"/> AI Asian Indian | <input type="checkbox"/> AM Cambodian   | <input type="checkbox"/> F Filipino                            | <input type="checkbox"/> HX Other Hispanic | <input type="checkbox"/> PX Other Pacific Islands  |
| <input type="checkbox"/> AJ Japanese     | <input type="checkbox"/> AV Vietnam     | <input type="checkbox"/> HM Mexican, Mexican American, Chicano | <input type="checkbox"/> PG Guamanian      | <input type="checkbox"/> N American/Alaskan Native |
| <input type="checkbox"/> AK Korean       | <input type="checkbox"/> AX Other Asian | <input type="checkbox"/> HR Central American                   | <input type="checkbox"/> PH Hawaiian       | <input type="checkbox"/> W White                   |

Gender:  Female  Male E-mail Address: \_\_\_\_\_

1. Major Code: Select code from *Schedule of Classes* (page 108) or Cabrillo Website

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2. Admission Status (Check One)

- Y High School Students (including grades K-12)
- 1 New (first time college student)
- 2 New Transfer (attended college but not Cabrillo)
- 3 Re-Entering (attended Cabrillo but not last semester)

3. Educational Goal: (Check one only)

Transfer to 4-year school:

- 1 Transfer with AA/AS degree
- 2 Transfer without AA/AS degree

Degree/Certificate Without Transfer:

- 3 AA/AS degree
- 4 Vocational degree
- 5 Vocational Certificate

Job Related Training:

- 6 Formulate career plans
- 7 Acquire job skills
- 8 Update job skills
- 9 Maintain certificate or license

Other Goals and Purposes:

- 10 Intellectual/cultural development
- 11 Basic English/reading/math skills
- 12 Credit for HS diploma
- 13 Move from noncredit to credit
- 14 4-year college student taking courses to meet 4-year college requirements
- 51 Undecided

4. Is English the primary language you normally speak at home?

Yes  No

5. Citizenship (Select One)

- 1 U.S. Citizen
- 2 Permanent Resident  
Alien number: \_\_\_\_\_ Date issued: \_\_\_\_\_
- 3 Temporary Resident/Amnesty  
Alien number: \_\_\_\_\_ Date issued: \_\_\_\_\_
- 4 Refugee/Asylee Alien number: \_\_\_\_\_
- 5 Student Visa (F1)
- 6 Other Status \_\_\_\_\_ I-94 expires: \_\_\_\_\_

6. Country of Citizenship, if other than U.S. citizen \_\_\_\_\_

7. Institutions Attended:

a. High School: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Date Attended: \_\_\_\_\_ to \_\_\_\_\_

Graduated:  Yes  No

(If no, what month and year do you plan to graduate? \_\_\_\_\_)

b. Most recent college attended:

Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Years attended: \_\_\_\_\_ to \_\_\_\_\_

Graduated:  Yes  No Type of Degree \_\_\_\_\_

8. Highest level of education you have completed? (Select one)

Educational Status/ Graduation Type:

- 1 Not a High School graduate/no longer in High School
- 2 High School enrichment/enrolled in grades K-12
- 3 Currently in Adult School
- 4 High School graduate
- 5 Received GED/Cert. of Equivalency
- 6 Received Cert. High School Proficiency
- 7 Foreign secondary diploma
- 8 Received Associate Degree
- 9 Received Bachelor Degree or higher

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CC 

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Datatel #

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Initials: \_\_\_\_\_ Entry Date: \_\_\_\_\_

# STATEMENT OF LEGAL RESIDENCE

To BE COMPLETED BY ALL STUDENTS—SIGNATURE REQUIRED

**BE SURE TO ANSWER ALL QUESTIONS AND SIGN BELOW:**

Social Security #:

Name: \_\_\_\_\_  
(print)

**9. Date of Entry to California (required information)**

-   -

10. Place of birth (state or country) \_\_\_\_\_

11. Have you continuously lived in California for the last 2 years?

Yes  No

a. List states lived in during the last two years, with dates:

State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

12. My intent is to maintain California as my home.

Yes  No If not, where? \_\_\_\_\_

13. Did you file California State Income Tax the last two years?

Yes  No

14. What was the source of your financial support for the past year?

- Parent or guardian
- Employment
- Other: List source \_\_\_\_\_

15. Driver's License/ID number \_\_\_\_\_

State \_\_\_\_\_ Original Date Issued \_\_\_\_\_

16. Vehicle Registration: State \_\_\_\_\_

17. Registered to vote?  Yes  No State: \_\_\_\_\_

Date Registered: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVE MILITARY PERSONS,  
DEPENDENTS, OR VETERANS DISCHARGED  
WITHIN THE LAST YEAR**

18. Are you a dependent of an active military person?  
 Yes  No

19. When did your tour begin in California? \_\_\_\_\_

20. What is your State of Legal Residence on military records?  
\_\_\_\_\_

**Note:** Active-duty military persons and/or dependents must provide a statement from the Commanding Officer stating the date of assignment and that assignment to California is not for educational purposes.

**21. COMPLETE IF YOU ARE UNDER 19 YEARS OF AGE AND UNMARRIED**

One or both of my parents are California residents.  Yes  No

Parent Name \_\_\_\_\_

Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My parent has lived in California since \_\_\_\_\_  
month/year

**OPTIONAL PARENT/GUARDIAN ADDRESS INFORMATION** (To be completed by anyone UNDER AGE 25)

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (No./Street) \_\_\_\_\_

Address (No./Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

I declare under penalty of perjury that the statements submitted by me are true and correct. All materials submitted by me for purposes of admission become the property of Cabrillo College. I understand that falsification, withholding pertinent information, or failure to report changes in residency may result in my dismissal.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Return your completed application to Cabrillo College:

**Admissions and Records at Aptos**  
6500 Soquel Drive  
Aptos, CA 95003-3197

**Admissions and Records at Watsonville**  
318 Union St.  
Watsonville, CA 95076