

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* 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: Degree/Certificate Without Transfer:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1 Transfer with AA/AS degree <input type="checkbox"/> 2 Transfer without AA/AS degree | <ul style="list-style-type: none"> <input type="checkbox"/> 3 AA/AS degree <input type="checkbox"/> 4 Vocational degree <input type="checkbox"/> 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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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
 (831) 479-6201 Fax (831) 479-5782

Admissions and Records at Watsonville
 318 Union St.
 Watsonville, CA 95076
 (831) 477-5100 Fax (831) 477-5115