



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT

**Cañada College**  
canadacollege.edu  
650-306-3226

**College of San Mateo**  
collegeofsanmateo.edu  
650-574-6165

**Skyline College**  
skylinecollege.edu  
650-738-4251

FALL 20\_\_  
 SPRING  
 SUMMER

# APPLICATION FOR ADMISSION

## 1. LEGAL NAME & CURRENT MAILING ADDRESS

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Previous name(s) on academic records: \_\_\_\_\_  
 Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_ Evening Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

## 2. SOCIAL SECURITY #

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Check this box if you have no S S Number or decline to state

## 3. Date last attended Cañada, CSM or Skyline Colleges:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Month Year

## 7. EDUCATIONAL GOAL (Circle one)

- A** Obtain an associate degree and transfer to a 4-year institution.
- B** Transfer to a 4-year institution without an associate degree.
- C** Obtain a 2-year associate degree without transfer.
- D** Obtain a 2-year vocational degree without transfer.
- E** Earn a vocational certificate without transfer.
- F** Discover/formulate career interests, plans, goals.
- G** Prepare for a new career (acquire job skills).
- H** Advance in current job/career (update job skills).
- I** Maintain certificate or license.
- J** Educational Development (intellectual, cultural, physical).
- K** Improve basic skills in English, reading or math.
- L** Complete credits for high school diploma or GED.
- M** Undecided on goal.

## 4. DATE OF BIRTH

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MO DAY YEAR

## 5. MARITAL STATUS

- Married  
 Decline to state  Unmarried  
**GENDER**  Male  
 Decline to state  Female

## 6. MAJOR (Major codes available in the class schedule or at the college website)

Program of study you intend to pursue at this college:

## 8. ETHNIC BACKGROUND (Optional)

- |   |                          |                      |                                 |  |
|---|--------------------------|----------------------|---------------------------------|--|
| <b>B.</b> = African American, Non-Hispanic  | <b>AC</b> = Chinese      | <b>AJ</b> = Japanese | <b>HS</b> = South American      | <b>O.</b> = Other Non-White                                  |
| <b>N.</b> = American Indian, Alaskan Native | <b>F.</b> = Filipino     | <b>AK</b> = Korean   | <b>AV</b> = Vietnamese          | <b>P.</b> = Pacific Islander                                 |
| <b>AM</b> = Cambodian                       | <b>PG</b> = Guamanian    | <b>AL</b> = Laotian  | <b>W.</b> = White, Non-Hispanic | <b>PX</b> = Other Pacific Islander                           |
| <b>HR</b> = Central American                | <b>PH</b> = Hawaiian     | <b>HM</b> = Mexican  | <b>AX</b> = Other Asian         | <b>XD</b> = Decline to state                                 |
|   | <b>AI</b> = Asian Indian | <b>PS</b> = Samoan   | <b>HX</b> = Other Hispanic      | <input type="checkbox"/> <input type="checkbox"/> Enter Code |

## 9. PERMANENT ADDRESS & EMERGENCY CONTACT (If under 19 and unmarried, MUST provide address of parent/guardian.)

Check here if your permanent address is the same as your current address.

Permanent Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## 10. ENTRY LEVEL

Enter Code

- 1 = First-time Student (Never attended college)
- 2 = First time Transfer Student (Attended another college other than SMCCD)
- 3 = Returning Transfer Student (Returning to SMCCD after another college)
- 4 = Returning Student (Returning to SMCCD after absent for a main term)
- Y = Special Admit Student (Will attend both K-12 and SMCCD college)

## 12. CALIFORNIA HIGH SCHOOL ATTENDANCE

- Yes  No I have graduated from a CA high school or equivalent.  
 Yes  No I have attended high school in CA for three or more years.  
 CA high school completed: Month: \_\_\_\_ Year: \_\_\_\_

## 13. LAST HIGH SCHOOL ATTENDED

High School: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Country: \_\_\_\_\_

14. Are you primarily a student at another college and taking courses here to meet their requirements? \_\_\_\_ YES \_\_\_\_ NO

Are you employed and taking only job related classes? \_\_\_\_ YES \_\_\_\_ NO

## 11. HIGHEST EDUCATIONAL LEVEL (Please Circle)

- 0** Not a high school graduate and no longer enrolled in high school.
- 1** Special Admit Student (Will be attending both K-12 & SMCCD college).
- 2** Currently enrolled in adult school (not college/university).
- 3** Received High School Diploma. YEAR: \_\_\_\_\_
- 4** Passed the GED, or received a High School Certificate of Equivalency/Completion. YEAR: \_\_\_\_\_
- 5** Received a Certificate of California High School Proficiency or equivalent. YEAR: \_\_\_\_\_
- 6** Received a Foreign Secondary School Diploma/Certificate of Graduation. YEAR: \_\_\_\_\_
- 7** Received an Associate Degree. YEAR: \_\_\_\_\_
- 8** Received a Bachelor Degree or higher. YEAR: \_\_\_\_\_

## 15. LAST COLLEGE/UNIVERSITY ATTENDED (if applicable)

College/University: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Dates attended: Month: \_\_\_\_ Year: \_\_\_\_ to Month: \_\_\_\_ Year: \_\_\_\_

RESIDENCY	MATRICULATION	REC'D BY	DATE	CODED BY	ADM BY	DATE	REG DATE	OFFICE USE Rev. 7/14/05 DB
5 6 7 8	N NM DO DY OY							

**15. CITIZENSHIP****1 = United States Citizen****3 = Temporary Resident \*****5 = Student Visa (F1, M1)** ENTER CODE**2 = Permanent Resident Alien \*****4 = Refugee/Asylee \*****6 = Other Visa type: \_\_\_\_\_ (B-2, H-1, etc)****7 = Other Status (non-res)**

Visa/Alien Registration Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Visa/Alien Registration Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Provide your Alien Registration Number for 2, 3, or 4 : \_\_\_\_\_ (Optional)

**16. U. S. Military Status - All applicants must complete** None apply to me (Skip to #17) Yes  No Is California your home of record? Yes  No Are you currently stationed in California? Yes  No If stationed in California, is it for educational purposes only?**Please circle one answer below:**

1. Currently active military

2. Dependent of currently active military

3. Member discharged within the last year

4. Member discharged over a year ago (veteran)

**17. STATEMENT OF LEGAL RESIDENCE****NOTICE:** If additional information is needed to determine your status as a California resident, you will be required to complete a supplemental residency questionnaire and/or present evidence in accordance with Education Code Section 68040. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residence lies with the student. Failure to present such proof will result in a classification of non-resident.**ALL APPLICANTS MUST COMPLETE - Read the following statements and check the boxes that apply to you.****Self or Guardian** I am at least 19 years of age OR married and I will answer the following questions for myself. (Continue to Sec. A & B) I am under 19 years old AND unmarried and will answer the following questions for my parent or guardian. (Answer the following & Sec. A & B)I am answering for my:  Mother  Father  Guardian  Other Name: \_\_\_\_\_ Yes  No If for parent, has this parent claimed you as a dependent on his/her most recent California Income Tax return? Yes  No If for guardian, have you lived continuously with this person for the last two years?**Sec. A—Answer the following questions:** Yes  No Have you (or parent/guardian) lived in California for at least the last two years? If No, when did your current stay in California begin? Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_  Check if not yet arrived in California Yes  No Do you (or parent/guardian) intend to maintain California as your state of legal residence? Yes  No Are you (or parent/guardian) a full-time employee, or spouse or dependent of a full-time employee of any of the following colleges/universities?  
• California Community Colleges • California State University or College • University of California • Maritime Academy Yes  No Is the applicant a full-time credentialed employee of a California public school enrolling in college for purposes of fulfilling credential related requirements? Yes  No Have you (or parent/guardian) been employed as a seasonal agricultural worker for at least a total of two months of each of the past two years?**Sec. B—Answer the following questions: During the last 2 years, have you (or parent /guardian):** Yes  No Declared residency in another state for state income tax purposes? Yes  No Registered to vote in another state? Yes  No Declared residency at an out-of-state college or university? Yes  No Petitioned for a lawsuit or a divorce as a resident in another state?**18. MAIN LANGUAGE**

Are you comfortable reading and writing English?

 Yes  No**19. NEEDS AND INTERESTS (Optional—Circle all that apply)**

Financial Assistance (optional):

 Money for College Receive TANF, SSI, or General Assistance

1. Academic Counseling/Advising
2. Athletics/Intercollegiate Sports
3. Basic Skills (reading, writing, math)
4. CalWorks
5. Career Planning
6. Child Care
7. Counseling - Personal

8. DSPS—Disabled Student Programs/Services
9. EOPS—Extended Opportunity Programs
10. ESL—English as a 2nd Language
11. Health Services
12. Housing Information
13. Employment Assistance
14. Online Classes

15. Reentry Program (after 5 years out)
16. Scholarship Information
17. Student Government
18. Testing, Assessment, Orientation
19. Transfer Information
20. Tutoring Information
21. Veterans Services

**20. APPLICANT MUST READ AND SIGN (California State Law)****I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFICATION OF MY INFORMATION MAY RESULT IN DISCIPLINARY ACTION BY THE COLLEGE.****Any SMCCD College may release directory information in compliance with FERPA, the Family Education Rights and Privacy Act. See your college catalogue for more information. Notify the Admissions and Records Office if you do not want information released.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_