



# APPLICATION FOR ADMISSION

READ CAREFULLY, PRINT CLEARLY COMPLETE BOTH SIDES OF THIS FORM  
USE BLUE OR BLACK INK

TERM FOR WHICH YOU ARE

- APPLYING:  SUMMER  
 FALL  
 SPRING

<b>1</b> SOCIAL SECURITY NUMBER ____ - ____ - _____	<b>2</b> DATE OF LAST ATTENDANCE AT CAÑADA, CSM, OR SKYLINE. ____ / ____ / ____ MONTH YEAR
<b>3</b> LAST NAME (Print) _____ PREVIOUS NAME USED AT CAÑADA, CSM OR SKYLINE IF DIFFERENT FROM CURRENT NAME Last Name (Print) _____	FIRST NAME (Print) _____ Middle Initial _____ First Name (Print) _____ Middle Initial _____

### LEGAL ADDRESS (NOT A P.O. BOX)

CHECK BOX IF YOUR MAILING ADDRESS AND/OR LEGAL ADDRESS HAS CHANGED SINCE LAST ATTENDANCE

NUMBER AND STREET _____	APT. NUMBER _____	HOME PHONE ( ) _____
CITY _____	STATE _____	ZIP CODE _____ - _____
		WORK PHONE ( ) _____

### MAILING ADDRESS (IF DIFFERENT) E-MAIL ADDRESS

NUMBER AND STREET _____	APT. NUMBER _____	E-MAIL ADDRESS _____
CITY _____	STATE _____	ZIP CODE _____ - _____

**4**  MALE  FEMALE

**5** ETHNIC BACKGROUND

AC = Chinese	HM = Mexican, Mexican-American, or Chicano
AI = Indian Subcontinent	HR = Central American
AJ = Japanese	HS = South American
AK = Korean	HX = Other Hispanic
AL = Laotian	N = Native American/American Indian/Alaskan Native
AM = Cambodian	O = Other Non-White
AV = Vietnamese	P = Pacific Islander
AX = Other Asian	W = White Non-Hispanic
B = Black Non-Hispanic	
F = Filipino	

**7** BIRTHDATE  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

**8** ARE YOU A U.S. CITIZEN?  
 YES  
 NO

**6** I HAVE LIVED IN CALIFORNIA CONTINUOUSLY SINCE  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

**9** IF YOU ARE NOT A U.S. CITIZEN, COMPLETE THE FOLLOWING:

2 = Permanent Resident Visa (Alien Number: \_\_\_\_\_)  
 3 = Temporary Resident – copy of work authorization required  
 4 = Refugee/Asylee  
 5 = Student Visa (F-1 or M-1)  
 6 = Other visa (Specify visa type: \_\_\_\_\_)  
 6A = Other (non-resident tuition payable)

DATE OF ISSUE OF VISA ____ / ____ / ____ MONTH DAY YEAR	EXPIRATION DATE ____ / ____ / ____ MONTH DAY YEAR
PORT OF ENTRY _____	COUNTRY OF CITIZENSHIP _____

**10** ENROLLMENT STATUS (student type)

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

**12** HIGHEST EDUCATIONAL LEVEL AND YEAR

0 = Not a high school graduate  
 1 = Attending high school during the semester for which I am applying  
 2 = Attending adult school  
 3 = High school diploma  
 4 = GED or Cert. of H.S. proficiency  
 5 = Cert. of Calif. H.S. proficiency  
 6 = Foreign secondary diploma/cert.  
 7 = Associate degree  
 8 = Bachelor's degree or higher

Year Awarded \_\_\_\_\_

**11** SELECT A MAJOR CODE FROM THE OPPOSITE PAGE \_\_\_\_\_ N / A

**13** WHAT IS YOUR PRINCIPAL EDUCATIONAL GOAL?

A=Obtain a bachelor's degree after earning an A.A./A.S. degree  
 B=Obtain a bachelor's degree without earning an A.A./A.S. degree  
 C=Obtain an A.A./A.S. degree  
 D=Obtain a certificate

G =Acquire new job skills  
 H=Enhance current employment opportunities/job skills  
 J =Educational development  
 L =Complete credits for high school diploma  
 M=Undecided on goal

**14** NUMBER OF HOURS YOU EXPECT TO WORK THIS TERM:

A = 1 - 9 hours per week  
 B = 10 - 19 hrs. per week  
 C = 20 - 29 hrs. per week  
 D = 30 - 39 hrs. per week  
 E = 40+ hours per week  
 N = Don't expect to work  
 X = Don't know

**15** IS ENGLISH YOUR PRIMARY LANGUAGE?  YES  NO

IF NOT, WHAT IS YOUR PRIMARY LANGUAGE?  
 N  1 = Chinese  
 2 = Spanish  
 3 = Tagalog  
 4 = Other

**16** I INTEND TO TAKE:

1 =More than 6 units/day classes  
 2 =More than 6 units/evening or weekend classes  
 3 =More than 6 units/both day and evening classes  
 4 =6 units or less/day classes  
 5 =6 units or less/evening or weekend classes  
 6 =6 units or less/both day and evening classes  
 7 =Distance Learning only

**17** ARE YOU PRIMARILY A STUDENT AT ANOTHER EDUCATIONAL INSTITUTION AND TAKING COURSES AT THIS COLLEGE TO MEET REQUIREMENTS OF THAT INSTITUTION?  YES  NO

ARE YOU CURRENTLY EMPLOYED AND TAKING ONLY CLASSES RELATED TO YOUR JOB?  YES  NO

OFFICE USE ONLY							
LEVEL 01	RESIDENCE 5 6 8	COUNTRY	VISA	MATRICULATION N NM DO DY OY	CODED BY	DATE	
RECEIVED BY	DATE	FEE RATE	ADMITTED BY	DATE			

<b>18</b>	LAST HIGH SCHOOL ATTENDED	CITY/STATE OR COUNTRY	DATE OF HIGH SCHOOL DIPLOMA OR LAST HIGH SCHOOL ATTENDANCE
			____ - ____ MONTH YEAR
<b>19</b>	NAME OF LAST COLLEGE OR UNIVERSITY ATTENDED	CITY/STATE OR COUNTRY	DATE OF LAST COLLEGE ATTENDANCE
			____ - ____ MONTH YEAR

**20 RESIDENCY INFORMATION – MUST BE COMPLETED BY ALL STUDENTS**

The questions listed below must be completed and will be used to determine your residency status. If additional information is needed to determine your residency status, you will be required to complete a supplemental questionnaire and/or present evidence in accordance with Education Code §68040 et seq. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residence lies with the student.

I HAVE LIVED AT MY PRESENT ADDRESS SINCE:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MONTH DAY YEAR

← **VERY IMPORTANT**

LIST THE ADDRESS(ES) WHERE YOU HAVE LIVED FOR THE PAST TWO YEARS IF DIFFERENT FROM CURRENT ADDRESS:

STREET ADDRESS	CITY	STATE	Month/Year	TO	Month/Year

ANSWER EACH OF THE FOLLOWING QUESTIONS:

Have you registered to vote *in a state OTHER than California?*

IF YES, IN WHAT YEAR

Yes  No \_\_\_\_\_

Have you petitioned for 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 \_\_\_\_\_

**21 THIS SECTION MUST BE COMPLETED BY ALL STUDENTS UNDER 19 YEARS OF AGE**

YOUR MARITAL STATUS	NAME OF LEGAL GUARDIAN (Last, First, Middle) AND RELATIONSHIP TO YOU
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER OTHER (specify) _____

PLEASE SPECIFY YOUR GUARDIAN'S CITIZENSHIP OR 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

From To

STREET ADDRESS	CITY	STATE	ZIP CODE	Month/Year	Month/Year

WHEN DID YOUR GUARDIAN'S PRESENT STAY IN CALIFORNIA BEGIN?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MONTH DAY YEAR

HAVE YOU LIVED CONTINUOUSLY WITH ANY ADULT CALIFORNIA RESIDENT OTHER THAN A PARENT OR LEGAL GUARDIAN DURING THE PAST TWO YEARS? (if yes, indicate name and address below)

Yes  No

NAME	ADDRESS (Number, Street, City, State, Zip Code)

ANSWER EACH OF THE FOLLOWING QUESTIONS:

Have your parent(s) or guardian(s) registered to vote *in a state OTHER than California?*

IF YES, IN WHAT YEAR

Yes  No \_\_\_\_\_

Have your parent(s) or guardian(s) petitioned for 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 \_\_\_\_\_

**22 IF YOU ARE ON ACTIVE MILITARY DUTY OR A DEPENDENT OF A PERSON ON ACTIVE DUTY, INDICATE THE DATE MILITARY SERVICE BEGAN IN CALIFORNIA**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MONTH DAY YEAR

**23 REQUIRED SIGNATURE**

I hereby swear and affirm, under penalty of perjury, that all information I have provided on this document is true and correct to the best of my knowledge. I understand that willful omission, falsification of information, or failure to report changes in my residence or educational level may result in my dismissal from college.

STUDENT'S SIGNATURE	DATE

**OFFICE USE ONLY**

COUNSELOR	DATE	TIME	PERMIT	DATE