

SPECIAL SHORT APPLICATION

TERM FOR WHICH YOU ARE ENROLLING:

- SUMMER 20 _____
 FALL 20 _____
 SPRING 20 _____

APPLICATION FOR ADMISSION

READ CAREFULLY. PRINT CLEARLY WITH BLUE OR BLACK INK AND PLEASE SIGN APPLICATION

1 SOCIAL SECURITY NUMBER	2 PLACE OF BIRTH	3 BIRTHDATE (MM/DD/YR)	4 GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5 LAST NAME	FIRST NAME		MIDDLE
6 ETHNIC BACKGROUND (WRITE NUMBER IN BOX) <input type="checkbox"/>	10. WHITE, NON-HISPANIC 21. CHINESE 22. JAPANESE 23. KOREAN 24. LAOTIAN	25. CAMBODIAN 26. VIETNAMESE 27. INDIAN SUBCONTINENT 28. OTHER ASIAN 30. BLACK NON-HISPANIC	41. MEXICAN 42. CENTRAL AMERICAN 43. SOUTH AMERICAN 44. OTHER HISPANIC 50. AMERICAN INDIAN, ALASKAN 61. GUAMANIAN 62. HAWAIIAN 63. SAMOAN 64. OTHER PACIFIC ISLANDER 70. FILIPINO 80. OTHER NON-WHITE
7 E-MAIL ADDRESS (IF ANY)			

ADDRESS			
8 NUMBER AND STREET	DAYTIME PHONE		
CITY	STATE	ZIP CODE	EVENING PHONE

RESIDENCY AND CITIZENSHIP			
9 IS ENGLISH YOUR PRIMARY LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	10 ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		

COMPLETE THE FOLLOWING SECTION IF NOT A U.S. CITIZEN			
11 RESIDENT STATUS (WRITE NUMBER IN BOX) <input type="checkbox"/>	2. PERMANENT RESIDENT (DATE ISSUED _____)	5. REFUGEE / ASYLUM	
	3. TEMPORARY RESIDENT (DATE ISSUED _____)	6. STUDENT VISA STATUS (F-1 or M-1)	
	4. AMNESTY	7. OTHER STATUS (SPECIFY) _____ /DATE ISSUED _____	
COUNTRY OF CITIZENSHIP			
12 HAVE YOU LIVED IN CALIFORNIA FOR MORE THAN TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	13 DATE CURRENT STAY IN CALIFORNIA BEGAN		

COMPLETE THE FOLLOWING			
14 DO YOU INTEND FOR CA. TO BE YOUR PERMANENT RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	15 DID YOU FILE CA INCOME TAX LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	16 HAVE YOU, IN THE LAST YEAR, PETITIONED FOR DIVORCE IN ANOTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17 HAVE YOU, IN THE LAST YEAR, ATTENDED AN OUT-OF-STATE COLLEGE OR UNIVERSITY AS A RESIDENT OF THAT STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
18 DRIVER'S LICENSE OR I.D./STATE	DATE ISSUED	VEHICLE REGISTRATION/STATE	DATE ISSUED
VOTER REGISTRATION/STATE		DATE ISSUED	

19 LIST STATES YOU HAVE LIVED IN THE PAST TWO YEARS	FROM	TO:
	FROM:	TO:

EDUCATION			
20 HIGHEST EDUCATIONAL LEVEL COMPLETED (WRITE NUMBER IN BOX) <input type="checkbox"/>	YEAR AWARDED <input type="text"/>	1. NOT A HIGH SCHOOL GRADUATE 4. RECEIVED HIGH SCHOOL DIPLOMA 5. GED OR CERTIFICATE OF EQUIVALENCY 6. CERTIFICATE OF HIGH SCHOOL PROFICIENCY	7. FOREIGN HIGH SCHOOL GRADUATE 8. RECEIVED ASSOCIATE DEGREE 9. RECEIVED BACCALAUREATE DEGREE OR HIGHER DEGREE
21 EDUCATIONAL GOAL (WRITE NUMBER IN BOX) <input type="checkbox"/>	1. PERSONAL INTEREST 2. TRANSFER 4-YR COLLEGE WITH A.A. DEGREE 3. TRANSFER 4-YR COLLEGE WITHOUT A.A. DEGREE 4. OBTAIN AN ASSOCIATE DEGREE	5. VOCATIONAL CERTIFICATE 6. DISCOVER CAREER INTERESTS 7. PREPARE FOR A NEW CAREER 8. ADVANCE IN CURRENT CAREER	9. MAINTAIN CERTIFICATE/LICENSE 10. EDUCATIONAL DEVELOPMENT 11. IMPROVE ENGLISH / READING / MATH 12. COMPLETE CREDITS FOR HIGH SCHOOL

22 LAST HIGH SCHOOL ATTENDED	CITY, COUNTY AND STATE	YEAR
23 LAST COLLEGE ATTENDED	CITY AND STATE	YEAR
24 WHAT IS YOUR MPC MAJOR?		

25 HOW MANY HOURS DO YOU PLAN TO WORK PER WEEK?	26 ARE YOU A VETERAN OF THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO
27 CAN WE RELEASE PERSONAL INFORMATION ABOUT YOU TO TRANSFER INSTITUTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

TO BE SIGNED BY ALL APPLICANTS	
<i>I declare under penalty of perjury that the statements and information submitted in this Application for Admissions are true and correct. I understand that all materials submitted by me for the purposes of admission become the property of Monterey Peninsula College.</i>	
STUDENT SIGNATURE	DATE



College Registration Attestation and Signature Form

Thank you for choosing South Bay Regional Public Safety Training Consortium. South Bay Regional is a Joint Powers Authority between the following California Community Colleges:

- *College of San Mateo*
- *Hartnell College*
- *Mission College*
- *Evergreen Valley College*
- *Lake Tahoe Community College*
- *Monterey Peninsula College*
- *Foothill College*
- *San Jose City College*
- *Gavilan College*
- *Ohlone College*

By completing the college registration form and signing this attestation, you authorize South Bay Regional to enroll you in the course at any of our Member Colleges. Upon successful completion of the course, you will receive college credit, which will be posted to an official college transcript.

You will be advised if the course is registered at a college different from the attached registration form.

If you need an official transcript, make your request to the college of registration. South Bay Regional can supply you with an “unofficial” transcript listing any/all courses upon request and corresponding colleges of enrollment.

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Print Name: _____ **DOB:** _____

Attestation/Signature:

I declare under penalty of perjury that the statements and information submitted by me in connection with this application and for the determination of residency are true and correct. All Materials submitted by me for the purpose of admission become the property of South Bay Regional and its Member Colleges. I understand that falsification, withholding pertinent data, or failure to report changes in residence may result in my dismissal from the College.

Student Signature

Date