

SANTA BARBARA CITY COLLEGE

APPLICATION FOR ADMISSION

Term Applying For:

Summer Fall Spring 20__ __

Full Legal Name:

Last Name _____

First Name _____

Middle Name _____

Previous Name on Academic Records: (Full Legal Name)

Personal Information:

Social Security Number: _____

Date of Birth (MM/DD/YYYY) _____

Gender M F

Email Address _____

Mailing Address:

Street Address _____

City _____

State _____ Zip/Postal Code _____

Country if other than U.S. _____

Telephone Number () _____

Permanent Address:

Check here if same as mailing address

Street Address _____

City _____

State _____ Zip/Postal Code _____

Country if other than U.S. _____

Telephone Number () _____

Student Type:

- 1 First-Time Student in College
 2 First-Time Transfer (attended another College)
 3 Returning Student to SBCC
 6 Dual Enrollment (Enrolling in H.S. and College at the same time)

Education Goal:

- A Transfer with AA/AS Degree
 B Transfer without AA/AS Degree
 C Associate Degree without Transfer
 D Vocational Degree without Transfer
 E Vocational Certificate without Transfer
 F Discover Career Interests/Goals
 G New Career/Develop Job Skills
 H Improve Present Job Skills
 I Maintain Certificate/License
 J Personal Enrichment
 K Basic Skills/English, Reading, Math
 L Achieve High School Diploma
 M Undecided on Goal at this time

Program of Study/Major: _____

(Refer to application cover sheet for list)

Applications can be completed online in English
and Spanish at: www.sbcc.edu/apply

Education Level:

- 0 – Not enrolled/did not Graduate High School
 1 – Enrolling in High School and College
 2 – Enrolled in Adult High School
 3 – Received high school diploma
 4 – GED/H.S. Equivalency Certificate
 5 – CA H.S. Proficiency Certificate (CHSPE)
 6 – Foreign Secondary School Diploma
 7 – Associate Degree
 8 – Bachelor Degree or higher

Citizenship:

- 1 – U.S. Citizen 3 – Temporary Resident
 2 – Permanent Resident 4 – Refugee/Asylee

If 2, 3 or 4: (REQUIRED)

Alien Registration Number _____

Issue Date (MM/DD/YYYY) _____

Expiration Date (MM/DD/YYYY) _____

6 – Other Status

If 6: (REQUIRED)

Visa Type _____

Visa Number _____

Issue Date (MM/DD/YYYY) _____

Expiration Date (MM/DD/YYYY) _____

Race/Ethnicity:

Are you Hispanic or Latino? Yes No

What is your race/ethnicity? Check one or more.

- | | |
|--|--|
| <input type="checkbox"/> 01 Hispanic, Latino | <input type="checkbox"/> 11 Asian Cambodian |
| <input type="checkbox"/> 02 Mexican, Mexican-American, Chicano | <input type="checkbox"/> 12 Asian Vietnamese |
| <input type="checkbox"/> 03 Central American | <input type="checkbox"/> 13 Filipino |
| <input type="checkbox"/> 04 South American | <input type="checkbox"/> 14 Asian Other |
| <input type="checkbox"/> 05 Hispanic Other | <input type="checkbox"/> 15 Black or African American |
| <input type="checkbox"/> 06 Asian Indian | <input type="checkbox"/> 16 American Indian/Alaskan Native |
| <input type="checkbox"/> 07 Asian Chinese | <input type="checkbox"/> 17 Pacific Islander Guamanian |
| <input type="checkbox"/> 08 Asian Japanese | <input type="checkbox"/> 18 Pacific Islander Hawaiian |
| <input type="checkbox"/> 09 Asian Korean | <input type="checkbox"/> 19 Pacific Islander Samoan |
| <input type="checkbox"/> 10 Asian Laotian | <input type="checkbox"/> 20 Pacific Islander Other |
| | <input type="checkbox"/> 21 White |

High School Last Attended

High School Name _____

City _____ State _____

Country if other than U.S. _____

Graduation Date (MM/DD/YYYY) _____

Prior College(s): List most recent first.

College Name _____

City _____ State _____

Country if other than U.S. _____

From (MM/DD/YYYY) _____ To (MM/DD/YYYY) _____

Degree Earned (if applicable) _____

Prior College:

College Name _____

City _____ State _____

Country if other than U.S. _____

From (MM/DD/YYYY) _____ To (MM/DD/YYYY) _____

Degree Earned (if applicable) _____

Parent/Guardian Information 1: (Required if under 19 years of age)

Last Name _____

First Name _____

Relationship: Father Mother Guardian

Check here if same as Permanent address.

Street Address _____

City _____

State _____ Zip/Postal Code _____

Country if other than U.S. _____

Telephone Number () _____

Veteran Status:

- N – Not a Veteran
- D – Dependent of a Veteran
- V - Veteran

Primary Language:

- 01 – English
- 02 – Chinese
- 03 – Farsi
- 04 – Japanese
- 05 – Spanish
- 06 – Vietnamese
- 07 – Other

Employment Expectation (Hours per week during the semester):

- 1 – 0/None
- 2 – 1 to 9
- 3 – 10 to 19
- 4 – 20 to 29
- 5 – 30 to 39
- 6 – 40 or more
- 7 – Unknown

Transfer Plans:

- 00 – No Transfer Plans
- 01 – Out of State/ Foreign
- 02 – UCSB
- 03 – UC Berkeley
- 04 – UCLA
- 05 – Other UC campuses
- 06 – Cal Poly, SLO
- 07 – CSU, Northridge
- 08 – Other CSU campuses
- 09 – Westmont College
- 10 – CA private college
- 11 – Community college
- 12 – CSU, Channel Islands
- 13 – UC Davis
- 14 – UC Irvine
- 15 – UC San Diego
- 16 – UC Santa Cruz
- 17 – San Diego State
- 18 – CSU, Long Beach
- 19 – San Francisco State
- 20 – USC
- 21 – Antioch University

Foster Youth Benefits (Optional):

I am a former or current Foster Youth, and am interested in financial aid and/or other benefits and services available to Foster Youth.

Yes No

Foundation for SBCC:

I am interested in learning about the Foundation for SBCC and ways to support SBCC and its students. I give consent to release my name, mailing address and email addresses for this purpose.

Yes No

For Office use only

Banner I.D.: K _____

Residency: 5 – CA 6 – OS 8 – INTL 7 – AB540

Entered by: _____ Date: _____

Residency Questionnaire

This information will be used for residency determination. It will not be used in making admissions decisions and will not be used for a discriminatory purpose.

Select one of the following:

- I am at least 19 years of age OR married.
- I am under 19 years of age AND unmarried.

All applicants must answer the following questions. If you are under 19 years of age and unmarried you must answer for your parent or guardian.

Have you lived in California for at least the last two years?

Yes No If no, when did your present stay begin? ___/___/___

Are you a full-time employee, or spouse or dependent of a full-time employee of any of the following colleges/universities?

• California Community College • 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 purpose of fulfilling credential-related requirements?

Yes No

Have you been employed as a seasonal agricultural worker for at least a total of two months of each of the past two years?

Yes No

During the last 2 years, have you:

Declared residency in another state for state income tax purposes?

Yes No If Yes, _____ Years _____ State

Registered to vote in another state?

Yes No If Yes, _____ Years _____ State

Declared residency at an out-of-state college or university?

Yes No If Yes, _____ Years _____ State

Petitioned for a lawsuit or a divorce as a resident in another state?

Yes No If Yes, _____ Years _____ State

Military Status

- None apply to me
- Currently active military
- Dependent of current active military
- Member discharged within the last year
- Member discharged over a year ago (veteran)

Date of Discharge (mm/dd/yyyy): _____

Home State of record: _____

Currently stationed in California?

Yes No

If stationed in California, is the Duty for educational purposes ONLY?

Yes No

To Be Signed by all Students

I declare under penalty of perjury that the statements submitted by me are true and correct. All materials submitted by me for the purposes of admission become the property of Santa Barbara City College. I understand that falsification, withholding pertinent data, or failure to report change in residence may result in my dismissal.

Students Signature _____ Date _____

Return to:

SANTA BARBARA CITY COLLEGE

Admissions & Records Office

721 Cliff Drive, Santa Barbara, CA 93109-2394