

# SANTA BARBARA CITY COLLEGE

## DUAL ENROLLMENT 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: X X - D U A L E N -

(Refer to application cover sheet for list)

Applications can be completed online in English and Spanish at: [www.sbcc.edu/apply](http://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 Currently Attending:

High School Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country if other than U.S. \_\_\_\_\_

Graduation Date (MM/DD/YYYY) \_\_\_\_\_

### 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 ( ) \_\_\_\_\_

**Parent/Guardian Information 2: (Required if under 19 years of age)**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship:  Father  Mother  Guardian

Check here if same as Parent / Guardian #1 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:**

- |  |  |
|--|--|
| <input type="checkbox"/> 01 – English  | <input type="checkbox"/> 05 – Spanish    |
| <input type="checkbox"/> 02 – Chinese  | <input type="checkbox"/> 06 – Vietnamese |
| <input type="checkbox"/> 03 – Farsi    | <input type="checkbox"/> 07 – Other      |
| <input type="checkbox"/> 04 – Japanese |  |

**Transfer Plans:**

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

**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 \_\_\_\_\_