

Santa Barbara City College ADN Admission
Supporting Documentation Form

Applicant's Name: _____

PLEASE CHECK THE BOX NEXT TO THE CRITERION (AS MANY THAT APPLY) THAT FITS YOUR CIRCUMSTANCES

- Criteria 5 a. **Disabilites** – refer to multi-criteria checklist for requirement documentation.
- Criteria 5 b. **Low Family Income** – refer to multi-criteria checklist for requirement documentation.
- Criteria 5 c. **First generation to attend college.** Please briefly explain your situation or circumstances:

- Criteria 5 d. **Need to Work** – refer to multi-criteria checklist for required documentation.
- Criteria 5 e. **Disadvantaged social or educational environment** – refer to multi-criteria checklist for required documentation.
- Criteria 5 f. **Difficult personal and family situation/ circumstances.** Please briefly explain your situation/circumstances:

- Criteria 5 g. **Refugee status** – refer to multi-criteria worksheet for required documentation.
- Criteria 5 h. **Veteran Status/Veteran's spouse** – refer to multi-criteria worksheet for required documentation.
- Criteria 6. **Proficiency or college level coursework in languages other than English.** Student must be proficient in all aspects of language (reading, writing and speaking) to qualify. Examples include: 1) Completion of SPAN 146 & 147 Spanish for Native Speakers, OR, 2). Four semester or quarter college units of a language other than English, OR 3). Completion of TRS 116 Basic Medical Terminology, Spanish*, OR Completion of TRS 117 Medical Spanish/English Interpretation*.

*These courses are not available yet.

OR - Please have a person of authority (professor or supervisor, etc.) who is proficient in the language, and who has adequate interaction with you and who can verify that you are proficient in a foreign language (individual may not be a relative).

I verify that _____ is able to speak, read and write in _____ (language) at a level that allows common everyday communication.

Please explain your relationship with the applicant: _____

Contact information for the individual verifying language proficiency:

Name: _____ Phone: _____ email: _____

Address: _____ City _____ State _____ Zip _____

I acknowledge, by my signature that the information on this form is correct. Date _____

Print Applicant's Name _____ Applicant's Signature _____