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. Disabilities – 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 TIS 116 Basic Medical Terminology, Spanish*, OR Completion of TIS 117 Medical Spanish/English Interpretation.

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 __________________________