



San Diego Community College District
and Grossmont Adult School
College Application

OFFICIAL USE ONLY

Facility: _____

Booking #: _____

DRAFT

- PLEASE PRINT NEATLY AND DO NOT USE ANY NICKNAMES OR ABBREVIATIONS -

DRAFT

Personal Information

Your responses will be kept private and secure and will not be used for discriminatory purposes.

Legal First Name: _____ Middle Name: _____ Last Name: _____

Previous Name: (Do you have a previous legal name that was used on legal documents or education transcripts?) No Yes

Prev. First: _____ Prev. Middle: _____ Prev. Last: _____

Address: _____ City: _____ State/Zip: _____

Email: _____ Have an SDCCD student ID number?: No Yes: _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____ - _____ - _____

Education

Your responses will be used to establish your eligibility to register for classes.

College Enrollment Status: (Please check one)

- First-time student in college (after leaving high school) Returning student to this college after absent for a main term
- First time at this college; have attended another college Adult school student in a high school diploma or equivalency program

College Education: (Please check one)

- No degree Received an associate degree Received a bachelor's degree or higher

List all Colleges Attended: None

Name: _____ State: _____ | Name: _____ State: _____

Name: _____ State: _____ | Name: _____ State: _____

Current Educational Goal: (Please check one)

- Obtain an associate degree and transfer to a 4-year institution Transfer to a 4-year institution without an associate degree
- Obtain a 2-year institution without an associate degree Earn a career technical certificate without transfer
- Discover/formulate career interests, plans, goals Prepare for new career (acquire job skills)
- Advance in current job/career (update job skills) Maintain certificate or license
- Educational development Improve basic skills
- Complete credits for high school diploma or GED Move from noncredit coursework to credit coursework
- Currently enrolled 4-year college student taking community college courses to meet 4-year college requirement
- Undecided on goal**

High School Education: (Please check one)

- High school diploma from U.S. school date (Month/Year): _____ / _____
- G.E.D. certificate or high school certificate equivalency date (Month/Year): _____ / _____
- Certificate or California High School Proficiency date (Month/Year): _____ / _____
- Foreign secondary/high school diploma/certificate date (Month/Year): _____ / _____
- Not a high school graduate, and currently enrolled in adult school
- Not a graduate of, and no longer enrolled in high school

Current or Most Recent High-School Attended:

College staff use this information to provide guidance. Your responses will not affect your admission to college.

High school name: _____ Country: _____ State: _____

• What was your unweighted high school GPA (grade point average)?: _____

• In high school what was the highest English & Math course completed?

English (Please check grade/level)

Grade Level: 10 (or lower) 11th 12th

Course: Regular Advanced Placement Honors

None of the above / Don't know

Math (Please check one)

- Pre-Algebra Algebra 1 Algebra 2
- Integrated Math 1 Integrated Math 2 Integrated Math 3
- Integrated Math 4 Geometry Statistics
- Trigonometry Math Analysis Pre-Calculus
- Calculus

None of the Above / Don't know

Citizenship/Military

This information will be used for admissions and state reporting purposes.

Citizenship and Immigration Status: (Please check one)

- U.S. Citizen Permanent Resident Temporary Resident / Amnesty
 Refugee/Asylee Student Visa (F-1 or M-1) Other

If your status is Amnesty, Permanent Resident, Refugee/Asylee, or Visa, indicate card issue date: _____ / _____ / _____
 (MM / DD / YYYY)

Is English the language you speak and write most frequently? Yes No, specify language: _____

U.S. Military/Dependent of Military: (Please check one)

- I am currently serving on active duty My parent/guardian/spouse is currently serving on active duty
 I serve in the U.S. military (veteran) My parent/guardian/spouse served in the U.S. military (veteran)
 I am a member of the Active Reserve My parent/guardian/spouse is a member of the Active Reserve
 I am a member of the National Guard My parent/guardian/spouse is a member of the National Guard

- If applicable, date of discharge: _____ Type of Discharge: _____
- If applicable, Military member's state of legal residence (Military): _____ Home of record state: _____
- Is the military member currently stationed in California? Yes No

Residency

- Have you lived in the state of California for the past 25 months? Yes No, since what date (MM/YYYY)? _____ / _____
- Within the past 25 months, have you, or if under 19, your parents: (Check NO or YES)
 - Maintained voter registration and voted in another state? No Yes, indicate date: (Month/Year) _____ / _____
 - Petitioned for a divorce in another state? No Yes, indicate date: (Month/Year) _____ / _____
 - Filed state income taxes in another state? No Yes, indicate date: (Month/Year) _____ / _____
 - Attended a college/university as a resident of another state? No Yes, indicate date: (Month/Year) _____ / _____

Demographics

By California law, the California Community Colleges collect voluntary demographic information regarding the sexual orientation, gender identity, and gender expression of students. This information will be used for federal and state reporting. Responses are kept private and secure and will not be used for discriminatory purposes. Providing this information is optional.

Gender / Transgender / Sexual Orientation: (Select one in each category)

- Gender:** Female Male Non-Binary Decline to State
Transgender: Yes No Decline to State
Sexual Orientation: Straight (Heterosexual) Gay or Lesbian (Homosexual) Bisexual Other Decline to State

Parent/Guardian Education Levels: (Select one for each parent/guardian)

Regardless of your age, please indicate the levels of the parents and/or guardians who raised you.

- | | | |
|---|--|--|
| 1 2
<input type="checkbox"/> <input type="checkbox"/> Grade 9 or Less
<input type="checkbox"/> <input type="checkbox"/> Some college credit; no degree
<input type="checkbox"/> <input type="checkbox"/> Graduate degree | 1 2
<input type="checkbox"/> <input type="checkbox"/> Some high school; did not graduate
<input type="checkbox"/> <input type="checkbox"/> Associate's degree
<input type="checkbox"/> <input type="checkbox"/> Unknown | 1 2
<input type="checkbox"/> <input type="checkbox"/> High school graduate (diploma, GED, etc.)
<input type="checkbox"/> <input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> <input type="checkbox"/> No parent or guardian raised me |
|---|--|--|

Race / Ethnicity

Per U.S. Department of Education guidelines, colleges are required to collect this data.

- Do you identify as Hispanic or Latino: Yes No
- Check all of the ethnicity, nation, and ancestry groups that you identify with in the chart below (Select all the apply)

Race Ethnicity	Ethnic Background		
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Decline to State	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Cambodian <input type="checkbox"/> Central American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian	<input type="checkbox"/> Hawaiian <input type="checkbox"/> Hispanic <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Mexican, MexAmer, Chicano <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Other Non-White	<input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> South American <input type="checkbox"/> Vietnamese <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to state

By signing this application, I certify all information is true and correct to the best of my knowledge.

Student Signature: _____ **Date:** _____