



NONCREDIT APPLICATION FOR ADMISSION

Registration and Course Enrollment Form

TERM:

Fall Spring Summer Year: _____

1. STUDENT IDENTIFICATION

Social Security/ID Number _____ - _____ - _____	Last Name	First Name	Middle Name
Date of Birth Month Date Year ____ - ____ - ____	Previous Name on Records (Last • First • Middle)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male

RESIDENCE ADDRESS

Number and Street	Apt. #	City	State	ZIP	Home Phone ()
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MAILING ADDRESS

Number and Street	Apt. #	City	State	ZIP	Work Phone ()
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2. ETHNICITY**What is your ethnicity?
(Select one)**

- B African American/Black
- F Filipino
- ME Middle Eastern
- N Native American/
Alaskan Native
- W White, Non-Hispanic
- HX Hispanic
- AX Asian
- PX Pacific Islander
- O Other Non-White
- X Decline to State

3. BACKGROUND**What is your citizenship status?**

- | | |
|--|--|
| 1 <input type="checkbox"/> U.S. Citizen | 4 <input type="checkbox"/> Refugee/Asylee |
| 2 <input type="checkbox"/> Permanent Resident | 5 <input type="checkbox"/> Student Visa (F-1 or M-1) |
| 3 <input type="checkbox"/> Temporary Resident | 6 <input type="checkbox"/> Other |
| 3A <input type="checkbox"/> Amnesty Applicant or Recipient | 6A <input type="checkbox"/> Undocumented |

4. EDUCATION**What is your principal educational goal?**

- E Obtain an occupational certificate
- F Explore career interests, plans and goals
- G Acquire new job skills
- H Enhance current employment opportunities/job skills
- J Educational development (intellectual, cultural)
- K Improve basic skills in English, reading or math
- L Complete credits for high school diploma
- M Undecided

What is the highest educational level you have completed?

- 1 Attending high school during the term for which I am applying
- 2 Attending adult school
- 3 High school diploma*
- 4 GED or Certificate of High School Proficiency*
- 5 Certificate of High School Proficiency*
- 6 Foreign secondary diploma/certificate*
- 7 Associate degree*
- 8 Bachelors degree or higher*

* Year awarded _____

Is English your primary language?

Yes No (If no, what is your primary language?)

- | | | |
|------------------------------------|--|------------------------------------|
| 1 <input type="checkbox"/> Chinese | 2 <input type="checkbox"/> Spanish | 3 <input type="checkbox"/> Tagalog |
| 4 <input type="checkbox"/> Arabic | 5 <input type="checkbox"/> Other _____ | |

5. EMERGENCY CONTACT

Emergency Contact Name					Phone Number ()	
Number and Street	Apt. #	City	State	ZIP		

6. NON-DISCRIMINATION

All programs and activities offered by Chabot College and Las Positas College shall be performed in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, sex, pregnancy, marital status, sexual orientation, disability, or veteran status.

7. INSTITUTIONAL FUNDING INFORMATION

Chabot College and Las Positas College receive additional assistance to support our educational programs and financial aid for students. How much we receive is dependent upon certain information we provide about our students, their background, income levels, and experiences. Your cooperation in completing this survey is vital. All information is voluntary and your responses will be confidential.

Are you receiving any of the following?

- AFDC
- SSI
- General Assistance
- If none of the above, check this box if your annual income is less than \$7,500 for a single person or \$15,000 for a couple (add \$1,000 for a dependent child)

Are you a single parent?

- Yes
- No

Are you a Displaced Homemaker?

(A Displaced Homemaker is an adult who has worked to care for home and family and because of this responsibility, is currently unable to find a job or a better paying job due to lack of training or labor market experience.)

- Yes
- No

8. STUDENT SIGNATURE

I declare that all of the above statements are correct and complete.

Signature _____ Date ____ / ____ / ____

9. REGISTRATION

Select your non-credit courses from the schedule of classes and list them in the spaces provided below.

	CRN	Subject	Course	Course Title	Instructor Name	Units	Class Fee or Cost per Unit *	Total Course Fees
1								
2								
3								
4								
5								