



OLLI at Sierra College
316 Vernon Street, Suite 257
Roseville, CA 95678
(916) 781-6290 www.sierracollege.edu/olli



APPLICATION FOR ADMISSION

☐ FALL
☐ SPRING
☐ SUMMER _____ YEAR

1. Student ID # (If Known)

_____ - _____ - _____

2. DATE OF BIRTH

____ / ____ / ____
MO DAY YEAR

3. IS ENGLISH YOUR PRIMARY LANGUAGE?

☐ Yes ☐ No

4. EMAIL ADDRESS

5. LEGAL NAME & CURRENT ADDRESS

Last Name: _____

First Name: _____

Middle Name or Initial: _____ Suffix: _____

Gender: ☐ Male ☐ Female ☐ Decline to State

Former or Maiden Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Day Phone Number: (____) _____ - _____ Evening Phone Number: (____) _____ - _____

6. U.S. CITIZENSHIP

If **NO**, check **one** of the following:

YES NO

☐ ☐

☐ Permanent Resident * ☐ Temporary Resident * ☐ Amnesty *

☐ Refugee / Asylee * ☐ Student Visa (F1) ☐ Other - Specify: _____

*Provide your Alien ID number: _____

Issue Date: ____ / ____ / ____ Exp. Date: ____ / ____ / ____

7. RACE / ETHNICITY (Check one)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> African American, Non-Hispanic | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Mexican | <input type="checkbox"/> South American |
| <input type="checkbox"/> American Indian, Alaskan Native | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Indian (Asia) | <input type="checkbox"/> Other Hispanic | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Non-White | <input type="checkbox"/> Unknown/Non Respondent |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Laotian | <input type="checkbox"/> Samoan | |

8. EDUCATIONAL GOAL (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Associate Degree without transfer. | <input type="checkbox"/> Prepare for a new career (acquire job skills). |
| <input type="checkbox"/> Advance in current job/career (update job skills). | <input type="checkbox"/> Transfer with AA/AS degree. |
| <input type="checkbox"/> Formulate career interests, plans and goals. | <input type="checkbox"/> Transfer without AA/AS degree. |
| <input type="checkbox"/> Improve basic skills in English, Reading and Math. | <input type="checkbox"/> Vocational Certificate without Transfer. |
| <input type="checkbox"/> Maintain certificate or license. | <input type="checkbox"/> Undecided on goal/exploring. |
| <input type="checkbox"/> Personal Enrichment. | |

9. HIGH SCHOOL STATUS (Check one)

- ☐ Never attended.
☐ Academic Enrichment Student
 (Will be attending both 9-12 and Sierra).
☐ Did not graduate.
☐ Graduated.
☐ Passed GED.
☐ Passed CA Proficiency Exam.
☐ Currently in Adult School.
☐ Foreign school graduate.

DATE OF HIGH SCHOOL GRADUATION, G.E.D : ____/____/____
MO YEAR

10. ENROLLMENT STATUS (Check one)

- ☐ First time Student.
☐ Attended another college, first time at Sierra.
☐ Previously attended Sierra College.
 If attended Sierra College prior to 1980, when :

____/____
MO YEAR

- ☐ Have also attended another college since I
 attended Sierra College.

11. LAST HIGH SCHOOL ATTENDED

High School: _____

City: _____

County: _____ State: _____

12. MAJOR

Program of study you intend to pursue at this college

OLLI Program uses code - 0 0 0 0

0	0	0	0
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13. LAST COLLEGE/UNIVERSITY ATTENDED (if applicable)

College/University: _____

Year attended: _____

Highest Degree Earned: ☐ Associate's Degree ☐ Bachelor's Degree or higher Year highest degree earned: _____

14. Employment

How many hours per week do you expect to work this term?

- ☐ None ☐ 20-29
☐ 1-9 ☐ 30-39
☐ 10-19 ☐ 40 or More

15. MATRICULATION

Did you take an assessment Test ? ☐ Yes ☐ No

Did you attend orientation ? ☐ Yes ☐ No

Did you Prepare a Student Education Plan ? ☐ Yes ☐ No

16. NEEDS AND INTERESTS (Check all that apply) - Optional

- | | |
|---|--|
| <input type="checkbox"/> Athletics/Intercollegiate Sports
<input type="checkbox"/> Basic Skills (reading, writing, math)
<input type="checkbox"/> CalWorks
<input type="checkbox"/> Career Center
<input type="checkbox"/> Community Education
<input type="checkbox"/> Counseling - Personal
<input type="checkbox"/> Disability Services
<input type="checkbox"/> Employment Assistance
<input type="checkbox"/> ESL - English as a Second Language
<input type="checkbox"/> EOPS - Extended Opportunity Programs and Services
<input type="checkbox"/> Financial Aid | <input type="checkbox"/> Health services
<input type="checkbox"/> Housing / Dorms
<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Re-Entry Center
<input type="checkbox"/> Student Activities
<input type="checkbox"/> Study Skills
<input type="checkbox"/> Transfer Center
<input type="checkbox"/> Tutoring
<input type="checkbox"/> Veteran's Benefits |
|---|--|

OFFICE USE ONLY

Processed by: _____

Res: _____

Date: _____

The information requested below is deemed relevant and necessary to properly determine your residence status for tuition purposes pursuant to Education Code 68040. Failure to answer all questions may cause you to be classified as a nonresident. You may submit other information that you believe will establish your California residence. If additional information is needed to determine your residence status, you will be required to complete a supplemental questionnaire and/or to present evidence in accordance with Educational Code 68040 et seq. The burden of proof to clearly demonstrate both physical presence and intent to establish California residence lies with the student.

PART A — To be completed by all students

Name: _____

What state do you regard as your permanent home? _____

If it is California, when did your present stay begin? _____ / _____ / _____
Month Day Year

1. Where have you resided in the past 24 months?

_____	_____	From _____ / _____ To _____ / _____
City	State	Month Year Month Year
_____	_____	From _____ / _____ To _____ / _____
City	State	Month Year Month Year

2. Are you unmarried and under 19 year of age?

- ☐ Yes Complete questions 2-8 about your parents
☐ No Complete questions 2-8 about yourself

If yes, what year?

- | | | |
|---|--|-------|
| 3. Have you filed state income tax in another state ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 4. Have you voted in another state ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 5. Attended an out-of-state education institution as a resident of that state ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 6. Declared residency in another state for income tax purposes ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 7. Had a valid driver's license in another state ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 8. Registered another vehicle in another state? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

PART B — If you are under 19 years of age when classes begin – complete the questions below

1. Have you lived continuously for the past two (2) years with one or both of your parents or court appointed legal guardian?
☐ Yes ☐ No

2. Please indicate your parent's/legal guardian's name(s) and address below:

3. Name: _____ U.S. Citizen ☐ Yes ☐ No

Current Address: _____
 Street City State Zip

4. Has the person indicated above claimed you on their Federal or State income tax for this past year?
☐ Yes ☐ No

PART C — U. S. Military Status

- | | | |
|--|--|--|
| <input type="checkbox"/> None apply to me | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is California your home of record? |
| <input type="checkbox"/> Currently active military | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you currently stationed in California? |
| <input type="checkbox"/> Dependent of currently active military | <input type="checkbox"/> Yes <input type="checkbox"/> No | If stationed in California, is it for educational purposes only? |
| <input type="checkbox"/> Member discharged within the last year | | |
| <input type="checkbox"/> Member discharged over a year ago (veteran) | | |

18. APPLICANT MUST READ AND SIGN (California State Law)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFICATION OF MY INFORMATION MAY RESULT IN DISCIPLINARY ACTION BY THE COLLEGE.

Applicant's Signature: _____ Date: _____



Osher Lifelong Learning Institute at Sierra College
OLLI Course Registration Form–Summer 2022

TUITION –FREE REGISTRATION FORM

EMAIL FORMS TO: olli@sierracollege.edu

MAIL FORMS TO: OLLI at Sierra College, 316 Vernon St., Ste 257, Roseville, CA 95678

FAX FORMS TO: 916-781-6248

STUDENT INFORMATION			
Name:	Last:	First:	Middle Initial:
Student ID #:			

Select Tuition-free Courses Below

X	CRN	SUBJECT	TITLE	DATES	LOCATION
	62031	ENGL 0815	The Secret Life of Bees	Thur, 6/30-7/28, 1-2:50PM	NCC-Grass Valley
	62030	ENGL 0815	The Secret Life of Bees	Tues, 6/28-7/26, 10-11:50AM	Roseville Center Vernon
	CRN	SUBJECT	TITLE	DATES	LOCATION
	62033	THEA 0809	Comedy in French Cinema	Mon, 6/20-7/25, 1PM-4PM - No class 7/4	NCC-Grass Valley
	62032	THEA 0809	Comedy in French Cinema	Wed, 6/29-7/27, 10AM-12:50PM	Roseville Center Vernon

Signature

Date