



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

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
- 1-9
- 10-19
- 20-29
- 30-39
- 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

- Athletics/Intercollegiate Sports
- Basic Skills (reading, writing, math)
- CalWorks
- Career Center
- Community Education
- Counseling - Personal
- Disability Services
- Employment Assistance
- ESL - English as a Second Language
- EOPS - Extended Opportunity Programs and Services
- Financial Aid
- Health services
- Housing / Dorms
- Learning Disability
- Re-Entry Center
- Student Activities
- Study Skills
- Transfer Center
- Tutoring
- 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 ? Yes No _____
- 4. Have you voted in another state ? Yes No _____
- 5. Attended an out-of-state education institution as a resident of that state ? Yes No _____
- 6. Declared residency in another state for income tax purposes ? Yes No _____
- 7. Had a valid driver's license in another state ? Yes No _____
- 8. Registered another vehicle in another state? Yes 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

- None apply to me
- Currently active military Yes No Is California your home of record?
- Dependent of currently active military Yes No Are you currently stationed in California?
- Member discharged within the last year Yes No If stationed in California, is it for educational purposes only?
- 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

Tuition-free OLLI Course Registration Form – Summer 2026

DIRECTIONS: If you did not take a tuition-free course in the **Spring 2026** semester, you must complete an application **along with** this registration form. Scan the QR code below to open an application on your smart phone or visit the OLLI website at: www.sierraolli.org. To request an application, email: olli@sierracollege.edu

Mail forms to:

OLLI at Sierra College
5100 Sierra College Blvd, W-205,
Rocklin, CA 95677

Email scanned forms to:

olli@sierracollege.edu

Scan to open application:

**Use smart phone camera to scan*



The courses crossed out in red have been cancelled.

STUDENT INFORMATION		*Please Update My Information: <input type="checkbox"/>	
Sierra College Student ID # (9 digits if known):			DOB:
First Name:	Last Name:		Middle Initial:
Street:	City:	ST:	Zip:
Phone:	Email:		

Select Tuition-free Courses Below:

COURSE TITLE	DATES and TIME	LOCATION	CRN	X
ENGL 0815				
Kazuo Ishiguro Life and Writings	Tues, 6/16-7/21, 1pm-2:50pm 6 sessions	Nevada County Campus: N8-108	62031	
Kazuo Ishiguro Life and Writings	Mon, 6/15-7/20, 1pm-2:50pm 6 sessions	Rocklin Campus: W-201	62030	
MUSIC 0810				
Dvorak Revisited	Mon, 6/15-7/20, 10am-11:50am 6 sessions	Rocklin Campus: W-201	62132	
Dvorak Revisited	Tues, 6/16-7/21, 10am-11:50am 6 sessions	Nevada County Campus: N15-101	62133	
THEA 0809				
"Like Water for Chocolate" Reimagined	Wed, 6/17-7/22, 1pm-3:50pm 6 sessions	Rocklin Campus: W-201	62032	
"Like Water for Chocolate" Reimagined	Thur, 6/18-7/23, 1pm-3:50pm 6 sessions	Nevada County Campus: N15-100	62033	

X

Signature

Date