

SADDLEBACK COLLEGE EMERITUS INSTITUTE APPLICATION

TO SUBMIT: scan/email to scadmissions@saddleback.edu or Mail to: Saddleback College Admissions and Records 28000 Marguerite Parkway, Mission Viejo, CA 92692. Please type or print clearly and complete all information with BLACK INK ONLY.

Student ID#

Date

Staff Initials

1. Enrollment Status. Enter number in box.

- 1 = First time in college (after leaving high school).
 2 = First time at Saddleback or Irvine Valley; have attended another college.
 3 = Returning student to Saddleback or Irvine Valley after absent for a term.
 5 = Enrolling in high school (or lower grades) and college at the same time.

2. This application is for (term / year):

☐ FALL ☐ SPRING ☐ SUMMER 20

3. Major field of study UNDECIDED

4. Educational goal: ☐ Personal Development

5. Legal Name

Last / Family Name First Name Middle Name

5a. Other names you have used. If none, check box: ☐

Last / Family Name First Name Middle Name

6. * Social Security #

7. Date of Birth: Month Date Year

8. Preferred Email

Registration information will be emailed to you if your email address is provided.

9. Telephone #

10. Gender: Male ☐ Female ☐ Decline to state ☐

11. Ethnicity.* Are you Hispanic or Latino? Yes ☐ No ☐

11a. What is your race / ethnicity? Circle one or more

- ☐ 2 = American Indian/Alaskan Native ☐ 13 = Filipino
☐ 3 = Asian: Cambodian ☐ 14 = Hispanic: Other
☐ 4 = Asian: Chinese ☐ 15 = Mexican, Mexican American, Chicano
☐ 5 = Asian: Indian ☐ 16 = Pacific Islander: Guamanian
☐ 6 = Asian: Japanese ☐ 17 = Pacific Islander: Hawaiian
☐ 7 = Asian: Korean ☐ 18 = Pacific Islander: Other
☐ 8 = Asian: Laotian ☐ 19 = Pacific Islander: Samoan
☐ 9 = Asian: Other ☐ 20 = South American
☐ 10 = Asian: Vietnamese ☐ 21 = White
☐ 11 = Black or African American
☐ 12 = Central American

12. Legal Address / Residence (Do not use P.O. box or business address.)

Number Street Apt. No.
 City State ZIP Code
 Country I have lived at this address since: Month Date Year

13. Mailing Address (if different from legal address)

Number Street Apt. No.
 City State / Country ZIP / Postal Code

NON-DISCRIMINATION POLICY: All programs and activities of the South Orange County Community College District shall be operated in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, gender, marital status, sexual orientation, age, handicap or veteran's status.

*** NOTICE TO STUDENTS:** Refusal to provide this information will not be used to deny admission to the college or any of its programs.

If additional information is needed to determine your residency status, you will be required to complete a supplemental residency questionnaire and/or to present evidence in accordance with Education Code Sections 68040 et seq. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residency lies with the student.

19. Certification: I declare under penalty of perjury under the laws of the state of California that all information on this form is correct. I understand that falsification or withholding of information required on this form shall constitute grounds for dismissal.

Signature Date

14. Highest Educational Status. Enter appropriate number (1-9) and year in boxes below:

- ☐ 1 = Earned a U.S. High School diploma.
☐ 2 = Special student currently enrolled in grade 12 or below.
☐ I am currently a senior in high school and will graduate on _____.
☐ I am currently enrolled in grades K-11.
☐ 3 = Not a high school graduate; currently enrolled in adult school.
☐ 4 = Not a high school graduate; last attended high school.
☐ 5 = Passed the GED or received a certificate of H.S. equivalency.
☐ 6 = Earned California High School Proficiency Certificate.
☐ 7 = Earned a Foreign Secondary diploma or certificate of graduation.
☐ 8 = Earned an Associate's degree.
☐ 9 = Received a Bachelor's or higher degree.

MONTH YEAR

15. Citizenship Status. Check appropriate box:

- 1 ☐ U.S. Citizen
 2 ☐ Permanent Resident: Alien #: Issue Date:
 3 ☐ Temporary Resident: Issue Date: Expiration Date:
 4 ☐ Refugee: Issue Date:
☐ Asylee: Issue Date:
 5 ☐ Student Visa: Issue Date: Expiration Date:
 (F1 or M1 Visa)
 6 ☐ Other (Specify):

16. I have served in the U.S. Military (Veteran): Yes ☐ No ☐

Date of Discharge: / /

17. IMPORTANT My present stay in California began:

Month Date Year

Have you been a resident of California for the last two years? ☐ Yes ☐ No

List any additional cities / states you have resided in during the past two years (not including your current legal address):

City State Dates: From To

City State Dates: From To

18. Within the last two years, have you ever —

- registered to vote in a state other than California?
☐ Yes ☐ No If yes, what year? _____
- filed a legal action in a state other than California?
☐ Yes ☐ No If yes, what year? _____
- attended a non-California college/university as a resident of that state?
☐ Yes ☐ No If yes, what year? _____
- filed as a non-resident for California State Income Tax purposes?
☐ Yes ☐ No If yes, what year? _____