



NON CREDIT APPLICATION FOR ADMISSION

Semester:

Fall Spring Summer Year: _____

1. IDENTIFICATION

Social Security / Student ID Number: _____

If you do not have a Social Security Number, leave blank and you will be assigned a Student Identification Number.

Last Name: _____ First Name: _____ Middle Initial: _____

Previous Name: _____

Gender: Female Male Transgender Decline to State Date of Birth: _____/_____/_____

Month Day Year

Address: _____ Apt/Unit: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____ Email: _____

2. ETHNICITY Are you Hispanic or Latino? Yes No

3. RACE

What is your race? (Check all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> South American | <input type="checkbox"/> Other Non-White all persons who do not fall into other categories | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other Hispanic | <input type="checkbox"/> Unknown | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> White | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Indian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Mexican American/Chicano | <input type="checkbox"/> Samoan | | <input type="checkbox"/> Decline to State |
| | <input type="checkbox"/> Other Pacific Islander | | |

4. EDUCATION

What is the Highest Diploma or Degree Earned? (Mark only one)

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Received certificate of completion in a professional/technical program (such as welding, cosmetology, phlebotomy or nurse's assistant) | <input type="checkbox"/> Enrolled in college, but did not earn degree |
| <input type="checkbox"/> Obtained high school equivalency (such as HiSET, GED or TASC) | | <input type="checkbox"/> Received A.A./A.S. Degree |
| <input type="checkbox"/> Received high school diploma | | <input type="checkbox"/> Received B.A./B.S. or higher |

Institution Name: _____ **Year's Attended:** _____

What is your long term Educational Goal? (Mark only one)

- | | |
|---|---|
| <input type="checkbox"/> Improve basic skills in English, ESL, Citizenship, Reading or Math | <input type="checkbox"/> Complete credits for High School or GED |
| <input type="checkbox"/> Earn vocational certificate without transfer | <input type="checkbox"/> Educational development – Intellectual or Cultural |
| <input type="checkbox"/> Maintain certificate or license | <input type="checkbox"/> Advance in current job/career update job skills |
| <input type="checkbox"/> Discover/Formulate career interests, plans, or goals | <input type="checkbox"/> Undecided |

Is English Your Primary Language? Yes No

5. EMPLOYMENT

Employment Status (Check only one)

- Employed
- Unemployed (not working, but are seeking employment)
- Employed with Notice (currently employed but either (a) received notice of employment termination or (b) are within 12 months of separation or 24 months of retirement)
- Not in the Labor Force (you're retired, fulltime students or incarcerated)

Potential Barriers to Employment (Mark all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Cultural Barriers | <input type="checkbox"/> Long-term Unemployed | <input type="checkbox"/> Low Income |
| <input type="checkbox"/> Ex-Offender | <input type="checkbox"/> Low Levels of Literacy | <input type="checkbox"/> TANF recipient |
| <input type="checkbox"/> Foster Care Youth | <input type="checkbox"/> Migrant / Seasonal Farmworker | <input type="checkbox"/> SSI recipient |
| <input type="checkbox"/> Homeless | | <input type="checkbox"/> General Assistance recipient |
| | | <input type="checkbox"/> SNAP benefits recipient |

6. EMERGENCY CONTACT

Emergency Contact Name: _____ **Phone Number:** _____

7. NON-DISCRIMINATION

All programs and activities offered by Ohlone College District 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.

8. CONSENT TO RELEASE INFORMATION

The community colleges you attend and the Chancellor's Office of the California Community Colleges request your help. We ask that you agree to allow us to release necessary personal information about you to various agencies and organizations so we can do research, plan programs and offer special services to you (such as transfer opportunity information or state financial aid). If you do agree to give your consent, your information will not be sold, used for commercial purposes, released to the public, or given to other government agencies for purposes of determining benefits, (other than financial aid), except where specifically required by law. In addition, if you do consent to release of your information, those organizations and agencies to which your personal information about you will not be shared with other organizations or agencies except where allowed by law. You should also know that answering "no" to this question will not prevent release of certain "directory information" about you. To learn more about directory information or how to block its release, see the Privacy Policy.

I authorize the Chancellor's Office, California Community Colleges, and the community colleges I am attending to release necessary personal information contained in my education records for the purposes described in the Full Statement of Consent.

- I consent
- I do not consent

9. STUDENT SIGNATURE REQUIRED – Read the following CAREFULLY before signing

I declare under penalty of perjury that the statements and information submitted in this Admissions Application are true and correct. I understand that all materials submitted by me for purposes of admission are true and correct. Falsification, withholding pertinent data or failure to report changes to residency or education status may result in District action. I understand that all materials submitted by me for purposes of admission become the property of Ohlone College District. In registering for future terms, I agree to provide true and correct information about any changes in my educational status.

Student Signature: _____ Date: _____

ADMISSIONS AND RECORDS OFFICE USE ONLY

Academic Program Code: _____ **ND.PERS** _____

Entered by: _____ Date: _____ Colleague ID #: _____

- NAE
- XSHP
- SPRO
- STAC
- XSTU

Spring Summer Fall Year: _____

 Last Name First Name MI Telephone Number Student ID/SSN

SUMMER 2019						
Registration No. <i>Example: 071916</i>	Dept. <i>Example: BSM</i>	Course <i>Example: 910A</i>	Class Name	Time	Day	Instructor Name
078690	BSM	901C-01	Attitude in the Workplace	9-1:15	Sat 6/8 & 6/15	S. Parvasi
078691	BSM	901E-01	Managing Organizational Change	9-1:15	Sat 6/22 & 6/29	S. Parvasi
078692	BSM	901F-01	Stress Mgmt in the Workplace	9-1:15	Sat 7/13 & 7/20	S. Parvasi
078693	BSM	901G-01	Team Building	9-1:15	Sat 7/27 & 8/3	S. Parvasi
FALL 2019						
Registration No. <i>Example: 071916</i>	Dept. <i>Example: BSM</i>	Course <i>Example: 910A</i>	Class Name	Time	Day	Instructor Name
078678	BSM	910D-01	Decision Making and Problem Solving	9-1:15	Sat 9/28 & 10/5	S. Parvasi
078680	BSM	910H-01	Time Management	9-1:15	Sat 10/26 & 11/2	S. Parvasi
078679	BSM	910I-01	Conflict Resolution	9-1:15	Sat 10/12 & 10/19	S. Parvasi
078677	BSM	910K-01	Customer Service	9-1:15	Sat 9/14 & 9/21	S. Parvasi

Student's Signature: _____ Date: _____

Admissions and Records Office Use Only

Processed on/by: _____ Date: _____ Staff: _____