



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT
SMCCCD

APPLICATION FOR ADMISSION

Cañada College
4200 Farm Hill Boulevard
Redwood City, CA 94022
Phone: (650) 306-3226
Fax: (650) 306-3113
canadacollege.edu

College of San Mateo
1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
Fax: (650) 574-6506
collegeofsanmateo.edu

Skyline College
3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
Fax: (650) 738-4200
skylinecollege.edu

___ FALL 20 ___
___ SPRING ___
___ SUMMER ___

1. LEGAL NAME & CURRENT MAILING ADDRESS

Last/Family Name: _____ First/Given Name: _____ Middle Name: _____
Other name(s) used on academic records: _____
Daytime Phone Number: (____) _____ - _____ Ext.: _____ Evening/Alternate Phone Number: (____) _____ - _____ Ext.: _____
Current Mailing Address: _____ Apt #: _____
City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
E-mail Address: _____ @ _____

2. SOCIAL SECURITY

____ - ____ - ____

Check this box if you have no SS Number or decline to state

3. DATE LAST ATTENDED CAÑADA, CSM OR SKYLINE COLLEGES:

____ - ____
Month Year

7. EDUCATIONAL GOAL (Circle one)

- A Obtain an associate degree and transfer to a 4-year institution.
- B Transfer to a 4-year institution without an associate degree.
- C Obtain a 2-year associate degree without transfer.
- D Obtain a 2-year vocational degree without transfer.
- E Earn a vocational certificate without transfer.
- F Discover/formulate career interests, plans, goals.
- G Prepare for a new career (acquire job skills).
- H Advance in current job/career (update job skills).
- I Maintain certificate or license.
- J Educational Development (intellectual, cultural, physical).
- K Improve basic skills in English, reading or math.
- L Complete credits for high school diploma or GED.
- M Undecided on goal.
- N To move from noncredit coursework to credit coursework
- O 4-year college student taking courses to meet 4-year college requirements

4. DATE OF BIRTH

____ / ____ / ____
MO DAY YEAR

5. MARITAL STATUS

Unmarried Married Decline to state

GENDER

Female Male Decline to state

6. MAJOR (Major codes available in the class schedule or at the college website)

Program of study you intend to pursue at this college:

8. ETHNIC BACKGROUND (Optional)

- B. African American, Non-Hispanic
- N. American Indian, Alaskan Native
- AI Asian Islander
- AM Cambodian
- HR Central American
- AC Chinese

- F. Filipino
- PG Guamanian
- PH Hawaiian
- AJ Japanese
- AK Korean
- AL Laotian
- HM Mexican, Mexican American, Chicano

- AC Other Asian
- HX Other Hispanic
- O. Other Non-White
- PX Other Pacific Islander
- PS Samoan
- HS South American

- AV Vietnamese
- W. White, Non-Hispanic
- XD Decline to State

Enter Code

9. CONTACT INFORMATION (If under 19 and unmarried, MUST provide parent/guardian/emergency contact information):

Check here if your permanent address is the same as your current address.

Permanent Address: _____ Apt #: _____
City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
Parent/Guardian/Emergency Contact Name: _____ Phone Number: (____) _____ - _____

10. ENTRY LEVEL

Enter Code

- 1 = First-time Student in college (never attended college)
- 2 = First time at an SMCCCD college, have attended another college
- 3 = Returning Student to an SMCCCD college after absent for a main term
- Y = Enrolling in high school (or lower grades) and college at the same time

11. HIGH SCHOOL EDUCATION

Yes No I received a CA high school diploma, GED or equivalent.
 Yes No I have attended high school in CA for three or more years.

LAST HIGH SCHOOL ATTENDED

High School: _____
City: _____ State: _____ Country: _____

HIGH SCHOOL COMPLETION DATE: ____/____/____ (MMDDYYYY)

12. Yes No Are you primarily a student at another college and taking course(s) here to meet requirements?
 Yes No Are you employed and taking only job-related classes?

13. HIGHEST EDUCATIONAL LEVEL (Please Circle)

- 0 Not a high school graduate and no longer enrolled in high school.
- 1 Special Admit Student (Will be attending both K-12 & SMCCCD college).
- 2 Currently enrolled in adult school (not college/university).
- 3 Received High School Diploma. YEAR: _____
- 4 Passed the GED, or received a High School Certificate of Equivalency/Completion. YEAR: _____
- 5 Received a Certificate of California High School Proficiency or equivalent. YEAR: _____
- 6 Received a Foreign Secondary School Diploma/Certificate of graduation. YEAR: _____
- 7 Received an Associate Degree. YEAR: _____
- 8 Received a Bachelor Degree or higher. YEAR: _____

14. LAST COLLEGE/UNIVERSITY ATTENDED (if applicable)

College/University: _____
City: _____ State: _____
Dates attended:
(From) Month: ____ Year: ____ (To) Month: ____ Year: ____

RESIDENCY	MATRICULATION	REC'D BY	DATE	CODED BY	ADM BY	DATE	REG DATE	OFFICE USE
5 6 7 8	N NM DO DY OY							

