

SADDLEBACK COLLEGE EMERITUS INSTITUTE APPLICATION

TO SUBMIT: scan/email to scadmissions@saddleback.edu or

Mail to: Saddleback College Admissions and Records 28000 Marguerite Pkwy, Mission Viejo, CA 92692

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

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

11a. What is your race / ethnicity? Circle one or more numbers.
 2 = American Indian/Alaskan Native 13 = Filipino
 3 = Asian: Cambodian 14 = Hispanic: Other
 4 = Asian: Chinese 15 = Mexican, Mexican American,
 5 = Asian: Indian Chicano
 6 = Asian: Japanese 16 = Pacific Islander: Guamanian
 7 = Asian: Korean 17 = Pacific Islander: Hawaiian
 8 = Asian: Laotian 18 = Pacific Islander: Other
 9 = Asian: Other 19 = Pacific Islander: Samoan
 10 = Asian: Vietnamese 20 = South American
 11 = Black or African American 21 = White
 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 _____

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.
 NUMBER 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 MI Visa)
 6 Other (Specify): _____

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

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? _____

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 _____