

**CUESTA COLLEGE**

Admissions Office  
 PO Box 8106, San Luis Obispo, CA 93403-8106  
 Phone: (805) 546-3140 / Web site: <http://www.cuesta.edu>  
 Online Application at <http://www.cccapply.org>

**APPLICATION FOR ADMISSION**

FALL (07)      **2009-10**  
 SPRING (03)      **YEAR**  
 SUMMER (05)

**1. LEGAL NAME, CURRENT & PERMANENT ADDRESS (Legal name will appear on all official records, including transcripts.)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Previous name(s) on academic records: Last: \_\_\_\_\_ First: \_\_\_\_\_  
 Primary Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell  Work  Permanent — Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Current Mailing/Local Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
**(If under 19 and unmarried, MUST provide permanent address of parent/legal guardian.)**  
 Permanent Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Personal E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

**2. SOCIAL SECURITY NUMBER**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**3. DATE OF BIRTH**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MONTH DAY YEAR

**4. GENDER**

Female  Male  Decline to State

**OFFICE USE ONLY:**

Banner ID: \_\_\_\_\_

**5. Are you a U.S. Citizen?**

YES NO

If you are not a U.S. Citizen, check **one** of the following:

(PR) Non-US Citizen Permanent Resident \*  (RA) Non-US Citizen Refugee / Asylee \*  (OT) Other Status- Visa Type: \_\_\_\_\_  
 (TR) Non-US Citizen Temporary Resident /Amnesty\*  (F1 or M1) Non-US Citizen Student Visa  No Documents

\*Provide your Alien ID number: \_\_\_\_\_ Issue Date: MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_ Exp. Date: MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_

**6. RACE / ETHNICITY** Per U.S. Dept. of Education guidelines, colleges are required to collect the following racial and ethnic data.

**Are you Hispanic or Latino?**  Yes  No

**What is your race/ethnicity? Check one or more.**

(HM) Mexican, Mexican-American, Chicano  (AC) Asian: Chinese  (AV) Asian: Vietnamese  (PG) Pacific Islander: Guamanian  
 (HR) Central American  (AJ) Asian: Japanese  (F.) Filipino  (PH) Pacific Islander: Hawaiian  
 (HS) South American  (AK) Asian: Korean  (AX) Asian: Other  (PS) Pacific Islander: Samoan  
 (HX) Hispanic: Other  (AL) Asian: Laotian  (B.) Black or African American  (PX) Pacific Islander: Other  
 (AI) Asian: Indian  (AM) Asian: Cambodian  (N.) American Indian/Alaskan Native  (W.) White

**7. EMERGENCY CONTACT (If under 19 and unmarried, MUST provide emergency contact address of parent/legal guardian.)**

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**8. STUDENT TYPE — ENROLLMENT STATUS (Check one)**

- (1) First-time Student (Never attended college)  
 (2) First-time Transfer Student at this college; have attended another college  
 (3) Returning Student (Returning to Cuesta without attending another college)  
 (Y) Enrichment Student (Will be attending both K-12 and Cuesta at the same time)

**9. PROGRAM / MAJOR (see inside cover for codes)**

Program of study: \_\_\_\_\_

**10. HIGHEST EDUCATIONAL LEVEL (Check one):**

**As of the start of the application term, you are or will be:**

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

**11. EDUCATIONAL GOAL (Check 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 (e.g. Nursing, Welding).  
 (J) Educational development (intellectual, cultural, physical).  
 (K) Improve basic skills in English, reading or math.  
 (L) Complete credits for high school diploma or GED.  
 (N) To move from noncredit coursework to credit coursework.  
 (O) 4 year college student taking courses to meet 4 year college requirements.  
 (M) Undecided on goal.

**12. NEEDS AND INTERESTS — Optional and Voluntary**  
(Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> (1) Academic Counseling/Advising                         | <input type="checkbox"/> (12) Employment Assistance                               |
| <input type="checkbox"/> (2) Athletics/Intercollegiate Sports                     | <input type="checkbox"/> (13) Money for College                                   |
| <input type="checkbox"/> (3) Basic Skills (reading, writing, math)                | <input type="checkbox"/> (14) Online Classes                                      |
| <input type="checkbox"/> (4) CalWorks   | <input type="checkbox"/> (15) Reentry Program                                     |
| <input type="checkbox"/> (5) Career Planning                                      | <input type="checkbox"/> (16) Scholarship Information                             |
| <input type="checkbox"/> (6) Child Care   | <input type="checkbox"/> (17) Student Government                                  |
| <input type="checkbox"/> (7) Counseling - Personal                                | <input type="checkbox"/> (18) Programs for TANF, SSI,<br>General Asst. Recipients |
| <input type="checkbox"/> (8) EOPS - Extended Opportunity<br>Programs and Services | <input type="checkbox"/> (19) Testing, Assessment,<br>Orientation                 |
| <input type="checkbox"/> (9) ESL - English as a Second<br>Language                | <input type="checkbox"/> (20) Transfer Information                                |
| <input type="checkbox"/> (10) Health Services                                     | <input type="checkbox"/> (21) Tutoring Information                                |
| <input type="checkbox"/> (11) Housing Information                                 | <input type="checkbox"/> (22) Veteran's Services                                  |
|   | <input type="checkbox"/> (26) Foster Youth Benefit                                |

**13. LAST HIGH SCHOOL ATTENDED**

High School: \_\_\_\_\_  
Graduation Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
High School Code:  
(on back of cover - leave blank if not listed)

**14. LAST COLLEGE/UNIVERSITY ATTENDED (if applicable)**

College/University: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates attended: Mo: \_\_\_\_\_ Day: \_\_\_\_\_ Yr: \_\_\_\_\_ to Mo: \_\_\_\_\_ Day: \_\_\_\_\_ Yr: \_\_\_\_\_  
College/University Code  
(on back of cover - leave blank if not listed):

**15. STATEMENT OF LEGAL RESIDENCE**

**NOTICE:** If additional information is needed to determine your status as a California resident, you will be required to complete a supplemental residency questionnaire and/or present evidence in accordance with Education Code Section 68040. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residence lies with the student. Failure to present such proof will result in a classification of non-resident.

**ALL APPLICANTS MUST COMPLETE PARTS 1 AND 2 - Read the following statements and check the boxes that apply to you as of the start date of the application term (fall, spring, or summer):**

**PART 1 - Self or Parent / Legal Guardian**

- (1) I am or will be at least 19 years of age OR married as of the start of the semester I am applying for, and I will answer the following questions for myself. (Continue to Sec. A + B)
- (2) I am or will be under 19 years of age AND unmarried as of the start of the semester I am applying for, and I will answer the following questions for my parent or legal guardian. (Answer the following & Sec. A + B)

Parent / Legal Guardian Name: \_\_\_\_\_ Check:  (M) Mother  (F) Father  (G) Parent/Legal Guardian

Yes  No If for parent, has this parent claimed you as a dependent on his/her most recent California Income Tax return?

Yes  No If for legal guardian, have you lived continuously with this person for the last two years?

**Sec. A - Answer the following questions:**

Yes  No Have you (or parent/legal guardian) lived in California for at least the last two years? If No, when did your current stay in California begin? Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  Check if not yet arrived in California

Yes  No Do you (or parent/legal guardian) intend to maintain California as your state of legal residence?

Yes  No Are you (or parent/legal guardian) a full-time employee, or spouse or dependent of a full-time employee of any of the following colleges/universities?

• California Community Colleges • California State University or College • University of California • Maritime Academy

Yes  No Are you a full-time credentialed employee of a California public school enrolling in college for purposes of fulfilling credential related requirements?

Yes  No Have you (or parent/legal guardian) been employed as a seasonal agricultural worker for at least a total of two months of each of the past two years?

**Sec. B - Answer the following questions: During the last 2 years, have you (or parent/legal guardian)**

Yes  No Declared residency in another state for state income tax purposes?

Yes  No Registered to vote in another state?

Yes  No Declared residency at an out-of-state college or university?

Yes  No Petitioned for a lawsuit or a divorce as a resident in another state?

**PART 2 — U. S. Military Status / Dependent of Military Status**

- (1) None apply to me
- (2) Currently active military
- (3) Dependent of currently active military
- (4) Member discharged within the last year (veteran)
- (5) Member discharged over a year ago (veteran)

If you are currently active in the U.S. military, or you were discharged within the last year, or you are a dependent of an active member of the U.S. military, then please answer the following:

Yes  No Is California your home of record? If no, list state: \_\_\_\_\_

Yes  No Country of record? \_\_\_\_\_

Yes  No Are you currently stationed in California?

Yes  No If stationed in California, is the duty for educational purposes only?

**16. APPLICANT MUST READ, SIGN AND DATE** (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:** \_\_\_\_\_

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(Rev. 5/27/2009)

Processed by: \_\_\_\_\_

Resident Code: \_\_\_\_\_

Time Ticket Assigned

Date: \_\_\_\_\_