



DSPS REGISTRATION FORM

THIS APPLICATION IS FOR THE:

Fall

Spring

Summer

I AM A: New Student

Returning Student

1. SOCIAL SECURITY NUMBER: - -

CCCD Student ID #

The social security number is required for Financial Aid recipients, to generate a 1098T form for the Hope Tax Credit and to expedite student requests to transfer official school documents. You are not required to submit it for any other reason. All students will be issued a student identification number for use within the Coast Community College District.

PLEASE PRINT

2. NAME: _____ 3. _____
Last First M.I. List Prior Names Used

4. BIRTHDATE: _____ 5. MALE FEMALE
Month Day Year Age

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6. CURRENT ADDRESS OF RESIDENCE: _____
Number & Street/Apt. No. City State/Country Zipcode

E-MAIL ADDRESS: _____
Area Code Day Phone Area Code Evening Phone

IF UNDER 19, PARENTS' CURRENT ADDRESS: _____
Number & Street City State/Country Mo./Yr. to Mo./Yr.

7. MAILING ADDRESS: _____
Number & Street City State/Country Zipcode

8. WHEN DID YOUR PRESENT STAY IN CALIFORNIA BEGIN?
(Answer required for processing) _____
Month Day Year

IF LESS THAN 2 YEARS, LIST PREVIOUS ADDRESSES AND DATES FOR THOSE YEARS:

Number & Street City State/Country Mo./Yr. to Mo./Yr.

Number & Street City State/Country Mo./Yr. to Mo./Yr.

HAVE YOU AT ANY TIME IN THE PAST TWO YEARS (OR IF YOU ARE UNDER 19, YOUR PARENTS):

	NO	YES	If yes, when: (year)
Registered to vote in a state other than California?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Petitioned for divorce in state other than California?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attended an out-of-state institute as a resident of that other state ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Declared nonresidence for California state income tax purposes?	<input type="checkbox"/>	<input type="checkbox"/>	_____

9. BIRTHPLACE: _____
City State/Country

10. MARK ANY WHO ARE IN THE ACTIVE MILITARY:
 Yourself (ACT) Your Spouse (SMD) Your Parent (FMD) Anticipated Discharge Date _____

11. ARE YOU A SINGLE PARENT WITH DEPENDENT CHILDREN? YES NO

12. CITIZENSHIP STATUS (check one): Non U.S. Citizens are required to verify status

1 <input type="checkbox"/> U.S. Citizen	2 <input type="checkbox"/> Permanent Resident	4 <input type="checkbox"/> Refugee/Asylee	6 <input type="checkbox"/> Other Visa _____ Type
	3 <input type="checkbox"/> Temporary Resident/Amyesty	5 <input type="checkbox"/> Student Visa (F-1 or M-1)	
	_____ Visa (A) #	_____ Date Issued	_____ Date Expires

13. ETHNIC BACKGROUND (Leave blank if you decline to state):
 Amer. Indian/Native Alaskan (N.) Filipino (F.) Mexican (HM) Chinese (AC) Vietnamese (AV)
 White (W.) Pacific Islander (P.) Central American (HR) Japanese (AJ) Asian Indian (AI)
 Black (B.) Guamanian (PG) South American (HS) Korean (AK) Asian (A.)
 Other Non-White (O.) Hawaiian (PH) Hispanic (H.) Laotian (AL) Other Asian (AX)
 Decline to state (XD) Samoan (PS) Other Hispanic (HX) Cambodian (AM) Unk/Non-Respondent (X)

14. WOULD YOU LIKE INFORMATION REGARDING SERVICES FOR THE FOLLOWING DISABILITIES? (check all that apply):
 Health Impairment Hearing Disability Learning Disability Mobility or Orthopedic Disability
 Visual Impairment Special Disability (Pursuant to Section 504 Regulations)

15. PRIMARY LANGUAGE: English (E) Non English (N) Unknown (X)

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16. HIGH SCHOOL ATTENDED/ATTENDING: _____
High School Name City State/Country

17. HIGH SCHOOL EDUCATION (check one):

- 1 Special student currently enrolled in grades K-10 (NON)
- 1 High School student currently enrolled in grades 11-12 (NON)
- 0 Not a high school graduate and not currently attending High School (NON)
- 3 Earned a U.S. High School diploma (HSD)
- 4 Passed the GED or earned a CYA diploma (GED)
- 5 Earned a Certificate of the CA High School Proficiency Examinations (COP)
- 6 Earned a Foreign Secondary diploma (FSD)
- 2 Attending adult school to earn High School diploma (NON)

18. HIGH SCHOOL GRADUATION DATE OR EXPECTED DATE OF GRADUATION: _____

Month & Year

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19. I PLAN TO ENROLL IN MORE THAN 6 UNITS: YES NO

20. EDUCATIONAL GOAL (check one):

- A A.A. degree with transfer/Bachelor's
- B Bachelor's degree or higher
- C A.A. degree without transfer
- D Two-Year Vocational degree/ no transfer
- E Certificate only
- F Discover career interests or goals
- G Prepare for new career
- H Advance on my current job/career
- I Maintain license/certificate
- J Personal development/interest/cultural
- K Improve basic skills in English, reading, math
- L Complete credits for GED or High School
- M Undecided

21. MAJOR (Enter code from listing of major codes): _____

22. YOUR TRANSFER PLAN (check only one box):

- Non-Transfer
- California State University
- University of California
- California Independent College/University
- Out-of-State College/University

23. LIST COLLEGES OR UNIVERSITIES THAT YOU HAVE ATTENDED, THE MOST RECENT FIRST:

College	City/State/Country	From (year)	To (year)	Fee Status Res/N Res

24. COLLEGIATE ACADEMIC LEVEL (check only one box):

- Never attended college (1)
 - Fewer than 30 semester units (1)
 - 30-59.5 semester units
 - 60 or more semester units—no AA degree (3)
 - AA degree (4)
 - BA/BS degree OR HIGHER (5)
- YEAR AWARDED _____ (2)
Month/Year

25. HOW MANY HOURS DO YOU WORK PER WEEK? _____

26. STUDENT ENROLLMENT STATUS (check only one box):

- 1 First-time college student
- 2 First time at CCC, attending another college(s)
- 3 Returning to CCC, after attending other college(s)
- 4 Returning to CCC without attending other college(s)
- X College starter (Jr. or Sr. in High School)
- Y Special admit (K-10)

27. THIS APPLICATION IS CONSIDERED A LEGAL DOCUMENT AND WILL BECOME A PERMANENT PART OF YOUR RECORD. FALSIFICATION OF THIS DOCUMENT MAY BE CAUSE FOR DISMISSAL AND OTHER LEGAL ACTION AS DEEMED APPROPRIATE.

I CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT AND THAT I AM IN COMPLIANCE.

Signature _____

Date _____

DESIRED PROGRAM: In the event primary choices are unavailable, please list secondary choices.

PRIMARY CHOICE: Be sure time and day do not conflict					SECONDARY CHOICE		
Section No.	Course No. and Name	Time/Day	Units	Material Fees	Section No.	Couse No. and Name	Units
Total units and material fees							

1. Determination of Fees:

- a. Determine Enrollment Fee—ENROLLMENT FEES ARE SUBJECT TO CHANGE BY THE STATE LEGISLATURE.
Enter total units x \$36 = Enrollment Fee. \$ _____
- b. Determine Materials Fees.
Enter total Material Fees, if any (required fees are listed under the course name in the class schedule): \$ _____
- c. Health Fee: Students are required to pay a \$10 health fee. (See the class schedule for a description of the health services available.)
NOTE: Students who have paid the health fee at OCC or GWC for the current semester are exempt. \$ 10.00
- d. College Services Charge: \$ 6.00
- e. Parking (optional): \$ 10.00

ENTER TOTAL FEES PAID AND ENCLOSED: \$ _____

2. Payment of Fees:

- a. Make check or money order payable to Coastline Community College for total fees owed. Complete information below.
Driver's License No.: _____ Exp. Date: _____
- b. Students desiring to pay by MasterCard, Visa, or Discover, circle one: MasterCard Visa Discover
Credit Card No.: _____ Expiration Date: (month) _____ (year) _____
Authorizing Signature: _____

1. If you have not resided in California for twelve (12) consecutive months prior to the first day of the semester. You must pay an additional \$196 per unit.

2. If you are currently enrolled in the 11th or 12th grade, you must secure written permission from your high school to attend classes at Coastline.

3. You may not enroll in two (2) classes that meet at the same time or that overlap in time.

4. You may not repeat a course in which a grade of A, B, C, CR was earned, except for those courses which carry the designation of A-B (may be taken two (2) times) and A-D (may be taken four (4) times). However, students cannot be concurrently enrolled in more than one (1) section of the same course.