

H	Semester and Year



APPLICATION FOR ADMISSION TO COMMUNITY EDUCATION

Application for new students. Answer all questions, printing legibly and using blue or black ink.

LAST NAME	AST NAME FIRST NAME		MIDDLE INITIAL			
OTHER NAMES USED:	DATE OF BIRTH:					
GENDER: ☐ Male ☐ Female CURRENT MAILING ADDRESS:	☐Decline to State		M M	D D	Y Y Y Y	
	Number and street, and unit number if applicab	le City		State	Zip	
PHONE NUMBER: ()_	Home Cell	•			· 	
PERSONAL EMAIL ADDRESS: _						
HAVE YOU ATTENDED HANCO	CK COURSES BEFORE? YES NO	PROPOS	ED MAJO	R: CE No	ncredit Coursewo	
EDUCATION GOAL: I AM ATTEN	NDING COMMUNITY EDUCATION TO: (Se	lect one from the d	rop-down	menu)		
Per US Dept. of E RACE / ETHNICITY? (Select one	Education guidelines, colleges are required to	collect the following	racial and e	ethnic data	a. WHAT IS YOUR	
RACE / ETHNICITY / (Select offe	from the drop-down menu):					
MY CITIZENSHIP STATUS IS (Sele	ect one from the drop-down menu):					
□ No docur	nents					
	HEST LEVEL OF EDUCATION I HAVE CO te and not currently enrolled	MPLETED IS: □ Foreign Seconda	rv School	Diploma	/ Certificate of	
in high school.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Graduation (HS o	•	•		
☐ Student currently enrolle	•	☐ Received an Asso	ociate's De	egree (U.	S.) in (Year):	
□ Earned a U.S. High Schoo□ Passed the U.S. GED or High		 □ Bachelor's Degre	e or high	arin (Va:	arl·	
(Year):	ight school Equivalency in	_ bachelor 3 begre	c or mgm		ui J	
CALIFORNIA RESIDENCY:						
Have you lived in Califor	nia continuously for the past two years?)	Y	ES N	10	
	alifornia for the past two years, when did	_				
your present stay in Cali	fornia begin?	мм	D D	YYY	Υ	
STUDENT'S MILITARY SERVICE S	STATUS (CHECK ONE):					
	ber of the U.S. military	I am a Veteran				
	erving on Active Duty					



<u> </u>	Semester and Year	HANCOCK COLLEGE
		COLLEGE

APPLICATION FOR ADMISSION TO COMMUNITY EDUCATION CONTINUED

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LAST NAME	FIRST NAME		MIDDLE INITIA	MIDDLE INITIAL		
COMMUNITY EDUCATION	REGISTRATION - FOR N	ONCREDIT COURSE	S ONLY			
COURSE RECORD NUMBER (CRN)	COURSE NUMBER/PREFI		DAYS & TIMES	FEE (IF ANY)		
METHOD OF BAYMENT.						
METHOD OF PAYMENT:						
CHECK (Do not mail cash).	CREDIT CARD Select one:	Visa MasterCard	Discover A	merican Expr		
paying by credit card and FAXING ac	lmission/registration, all credit ca	rd information (below) MU	ST be completed.			
Credit Card#		Exp. Date	SecurityCode			
Print Name		Authorizing Signature				
Credit Card Address (number only(and Zip C	ode:					
TOTAL FEES (if any) \$						
discrimination Statement: The Allan Hand cutional programs and activities. The Districts, and programs without regard to na etic information, ancestry, sexual orien s perceived to have one or more of the eived characteristics.	rict, and each individual who represent tional origin, religion, age, sex or ge tation, marital status, physical or m	es the District, shall provide acce nder, gender identity, gender ental disability, or military and	ess to its employment opp expression, race, color, I veteran status of any p	ortunities, service medical conditio erson, or becaus		
Before submitting the application, VERIFY	that the information you have provided i	s complete and correct. NO CHANG	GES may be made once the a	application is subm		
THE STUDENT'S SIGNATURE IS MANDATO The statements and information submitte	d in this admissions application are tru		-			
Student's Signature (mandatory	<u>')</u>	Date				