

H _____ Semester and Year _____

Application for Admission to Community Education Noncredit Programs
Application for new and returning students. Answer all questions, printing legibly and using blue or black ink.

Write full legal names.

Last Names _____ First Name _____ Middle Name _____

Other names used: _____ Date of Birth: _____
MM DD YYYY

Gender: Male Female Decline to State

Current Mailing Address: _____
Number and street, and unit number if applicable City State Zip

Phone Number: (_____) _____ Home Cell Alternate Number: (_____) _____

Personal Email Address: _____

Have you attended or participated in Hancock classes, whether on campus or at off-campus locations?

Yes No

Proposed Noncredit Major or Course of Study (Choose ONE):

Education Goal: I am attending Community Education to: (Select one from the drop-down menu)

Per US Dept. of Education guidelines, colleges are required to collect the following racial and ethnic data.

What Is Your Race / Ethnicity? (Select one from the drop-down menu):

My Citizenship Status Is (Select one from the drop-down menu):

No documents

Education Level - The Highest Level Of Education I Have Completed Is:

- Not a high school graduate and not currently enrolled in high school.
- Student currently enrolled in high school.
- Earned U.S. High School diploma in (Year): _____
- Passed U.S. GED/HS Equivalency in (Year): _____
- Foreign** Secondary School Diploma/ Certificate of Graduation (HS or University) - (Year): _____
- Received an Associate's Degree (U.S.) in (Year): _____
- Bachelor's Degree or higher in (Year): _____

California Residency:

Have you lived in California continuously for the past two years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you have not lived in California for the past two years, when did your present stay in California begin?	_____ MM / DD / YYYY
For how long have you lived continuously in California? _____ (enter year)	

Student's Military Service Status (Check One):

- I am not a member of the U.S. military
- I am currently serving on Active Duty
- I am a Veteran

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CONTINUED

Application for new and returning students. Must include admission section. Answer all questions, printing legibly and using blue or black ink.

Last Names _____ First Name _____ Middle Name _____

COMMUNITY EDUCATION REGISTRATION – NONCREDIT CLASSES ONLY

COURSE RECORD NUMBER	COURSE NUMBER/PREFIX or COURSE TITLE	DAYS & TIMES	FEE (IF ANY)

Nondiscrimination Statement: The Allan Hancock Joint Community College District ("District") is committed to equal opportunity in employment and all access to institutional programs and activities. The District, and each individual who represents the District, shall provide access to its employment opportunities, services, classes, and programs without regard to national origin, religion, age, sex or gender, gender identity, gender expression, race, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, or military and veteran status of any person, or because he or she is perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.

Before submitting the application, VERIFY that the information you have provided is complete and correct.
Once the application is submitted, changes may only be made if the student provides official documentation that supports the change.

THE STUDENT'S SIGNATURE IS MANDATORY. BY SIGNING, I DECLARE THAT: All of the information in this application pertains to me. All of the statements and information submitted in this admissions application are true. The information submitted by me for purposes of admission become the property of the College I am applying to.

Student's Signature (mandatory)

Date

Submit or US mail to:
Allan Hancock College
Community Education Building S
800 S. College Dr.
Santa Maria CA 93454

Or fax to:
(805) 352-1046

Method Of Payment (When Applicable):

CHECK (Do not mail cash).

CREDIT CARD (Select one): Visa MasterCard Discover American Express

If paying by credit card, all credit card information below MUST be completed.

Credit Card # _____ Exp. Date _____ Security Code _____

Print Name _____ Authorizing Signature _____

Credit Card Street Address (number only) and Zip Code _____

TOTAL FEES (if any) \$ _____