

REGISTRATION REQUEST FOR NONCREDIT COURSES

PLEASE ANSWER ALL ITEMS AND PRINT CLEARLY

Last Name

First Name

Middle Name

LIST PERMANENT LEGAL ADDRESS (ES). *A permanent address is one used for voting, motor vehicle registration, income tax and other legal purposes. Must show addresses to cover at least two years.*

Number

Street

Apt. No.

City

State

Zip

FROM: mo. /yr. **TO:** mo. /yr.

Previous address (if less than two years)

City

State

FROM: mo. /yr. **TO:** mo. /yr.

MAILING ADDRESS *(If different from legal address)*

P. O. Box/Number/Street/Apt. No.

City/State Zip

FROM: mo./yr.

TO: mo./yr.

E-MAIL ADDRESS

TELEPHONE # (H / C)

Area Code + Number

SOCIAL SECURITY NUMBER

BIRTHDATE - (Month/Day/Year)

NOTE TO ALL STUDENTS: *You are hereby informed that you cannot be required to provide a Social Security Number (SSN). The SSN is used by colleges as a common method to identify student records, and is authorized by the state chancellor's office of the California Community College system which uses them for evaluation of educational programs and services. If you refuse to provide a SSN, a local student I.D. number will be assigned. Students who do not have a Social Security Number on file will be required to produce their local student I.D. number for all current and future services. Also **Public Law 104-208 known as the Solomon Amendment** requires Mt. San Jacinto College to provide student directory information to the Department of Defense, including Military recruiters, upon request.*

ETHNIC BACKGROUND *(choose only one)*

- (AA) African-American
- (AO) African – Other
- (AC) Asian/Cambodian
- (ACH) Asian/Chinese
- (AI) Asian/Indian
- (AJ) Asian/Japanese
- (AK) Asian/Korean
- (AL) Asian/Laotian
- (AV) Asian/Vietnamese
- (ASO) Asian/Other
- (F) Filipino
- (HCA) Hispanic/Cent. American
- (HMA) Hispanic/Mex-American
- (HAS) Hispanic/S. American
- (HO) Hispanic/Other
- (ME) Middle Eastern
- (NA) Native American/Alaskan
- (ONW) Other Non-White
- (PACG) Pacific Islander/Guam
- (PACH) Pacific Islander/Hawaii
- (PACS) Pacific Islander/Samoan
- (PACO) Pacific Islander/Other
- (WHNH) White/Non-Hispanic
- (DEC) Declined to State

GENDER: Male Female

ADMISSION FOR: SUMMER FALL SPRING

ADMIT STUDENT STATUS: *(check one)* (RTS) Returning Transfer (K10) K-10

(FTS) First Time Student (RET) Returning Student (11/12) 11/12th Grade

(FTTS) First Time Transfer Student (CONT) Continuing

EDUCATIONAL GOAL (choose three in order of preference)

- CAR Discover/formulate career interests, plans, goals.
- JOB Prepare for a new career (acquire job skills).
- UPJOB Advance in current job/career (update job skills).
- EDDEV Educational development (intellectual, cultural).
- BSSK Improve Basic skills in English, Reading or Math.
- HSDIP Complete credits for HS diploma or GED.
- UND Undecided on goal.

CITIZENSHIP (Immigration Status):

(Check one)

- U.S. Citizen
- Permanent Resident
- Temporary Resident
- Refugee/Asylee
- Student Visa F-1/M-1
- Other Status
- Visitor

Is English your native language and do you normally speak in English?

- YES NO If no, what is your native language?

INSTITUTIONS ATTENDED

Name of High School _____ City _____ State _____

From Year _____ TO _____

GRADUATED? YES NO

Most recent college _____

City _____ State _____

GRADUATION TYPES (check one)

- (O) Not a Graduate/Not in High School
- (1) K-12th grade – Special Admit
- (2) Enrolled in Adult School
- (3) Received a High School Diploma
- (4) Passed GED/Cert of Equivalency
- (5) Certificate of Proficiency
- (6) Foreign Secondary School Diploma
- (7) Received Associate's Degree
- (8) Received Bachelor's Degree
- (9) Unknown/unreported
- Other

FERPA Notification: Under notification of the Family Rights and Privacy Act, you may at the time you actually enroll direct the college to withhold release of directory information to persons not employed by the college. Directory information includes your name, address, phone number, dates of attendance, major of study, award/degrees received, date of birth and most recent institution previously attended.

Do you give MSJC permission to release your Directory Information? Yes No

Signature _____ Date _____

Section Number	Class Title
8	
8	
8	
8	
8	

Office Use Only

MATERIAL FEE: _____ **CONTINUATION INITIALS:** _____

REGISTRATION DATE: _____