



11460 Warner Avenue
Fountain Valley, CA 92708-2597

Summer 2008

DISTANCE LEARNING APPLICATION

I AM A: [ ] New Student [ ] Returning Student

1. SOCIAL SECURITY NUMBER:

SSN input boxes

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.

Distance Learning Applications will be processed beginning the week of April 28, 2008, in the order received. Registration confirmation will be mailed within 7 working days after the application is processed.

PLEASE PRINT

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

4. BIRTHDATE: Month Day Year Age 5. MALE [ ] FEMALE [ ] OFFICE USE ONLY RC \_\_\_\_\_

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

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 Zip Code

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.

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

Registered to vote in a state other than California? YES NO If yes, when: (year)

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 [ ] U.S. Citizen 2 [ ] Permanent Resident 3 [ ] Temporary Resident/Amnesty 4 [ ] Refugee/Asylee 5 [ ] Student Visa (F-1 or M-1) 6 [ ] Other Visa \_\_\_\_\_

13. ETHNIC BACKGROUND:

[ ] Amer. Indian/Native Alaskan (N.) [ ] Filipino (F.) [ ] Mexican (HM) [ ] Chinese (AC) [ ] Vietnamese (AV)

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

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

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) 4 [ ] Passed the GED or earned a CYA diploma (GED)

18. HIGH SCHOOL GRADUATION DATE OR EXPECTED DATE OF GRADUATION: \_\_\_\_\_  
Month & Year

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

OFFICE USE ONLY  
RC \_\_\_\_\_

21. MAJOR (Enter code from listing of major codes listed on page 10): \_\_\_\_\_

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

- Non-Transfer  University of California  Out-of-State College/University
- California State University  California Independent 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)  60 or more semester units—no AA degree (3)
- Fewer than 30 semester units (1)  AA degree (4)
- 30-59.5 semester units  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 4  Returning to CCC without attending other college(s)
- 2  First time at CCC, after attending another college(s) X  College starter (Jr. or Sr. in High School)
- 3  Returning to CCC, after attending other college(s) Y  Special admit (K-10)

**PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING YOUR MATRICULATION STATUS:**

All students entering Coastline Community College are expected to participate fully in matriculation services, which include English and Math assessment, orientation and counseling. Students are also expected to meet course level requirements and prerequisites. Students may be exempted from assessment, orientation and/or counseling on the basis of one of the following criteria:

- 1. Are you currently enrolled at another accredited college?  Yes  No
- 2. Have you completed an A.A. degree or higher at an accredited college or university?  Yes  No
- 3. Have you completed 30 or more units at an accredited college or university?  Yes  No  
(You must submit transcripts)
- 4. Are you a high-school student attending by recommendation of your school principal?  Yes  No  
Concurrently enrolled high school students may defer assessment and orientation (but NO prerequisite documentation) until they have completed 12 units at CCC.
- 5. Are you taking classes for personal interest (no educational goal) AND plan to take less than six units?  Yes  No  
If yes, upon completion of 12 or more units, students will be apprised of opportunities to participate in matriculation services.

**DESIRED PROGRAM (course selection is not guaranteed)**

Section No.	Course No. and Name	Units
Total Units		

**FEES ARE SUBJECT TO CHANGE BY THE STATE LEGISLATURE.**

1. Determination of Fees (Select between a, b or c)

- a. California Residents (Statewide):  
Enter total units x \$20 = Enrollment Fee (enrollment fee is subject to change by the state legislature) a. \$ \_\_\_\_\_
- b. Non-California Residents (Nationwide):  
If you have not resided in California for twelve (12) consecutive months prior to the first day of the semester, you must pay \$181 per unit + \$20 per unit  
Example: 3 unit course = \$181 x 3 + \$20 x 3 = **\$603** b. \$ \_\_\_\_\_
- c. Residents and Citizens of Foreign Countries:  
You must pay \$191 per unit + \$20 per unit c. \$ \_\_\_\_\_
- d. Health Fee: Students are required to pay a \$7 health fee. d. Required \$ 7.00
- e. College Service charge e. Required \$ 6.00
- f. Coastline Foundation donation (Optional, non-refundable) f. Optional \$ 1.00
- g. **TOTAL**—Registration, health and optional fees only g. **TOTAL** \$ \_\_\_\_\_

2. Payment of Fees

- a. Make check or money order payable to **Coastline Community College** for Registration Fees only (line G). Complete the information below.
- b. Students desiring to pay by (Circle one): MasterCard Visa Discover  
  
Credit Card No: \_\_\_\_\_ Expiration Date: (Month/Year) \_\_\_\_\_  
  
Authorizing Signature: \_\_\_\_\_

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 WITH THE REGISTRATION INSTRUCTIONS AS SET FORTH ABOVE.

Signature \_\_\_\_\_ Date \_\_\_\_\_