



APPLICATION FOR NONCREDIT ADMISSION

This application is strictly for noncredit 0 unit courses.

NOTE: If you are a continuing noncredit student transitioning to credit you will need to fill out the on-line CCCApply application and select Educational Goal, "To move from noncredit coursework to credit coursework"

Semester

- Fall Winter
 Spring Summer

Year

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| Primary Name | Last | First | Middle | Suffix | 3 | Former/Maiden Name | 4 | Student ID# | 5 | Campus | 6 |
|---------------------|------|-------|--------|--------|---|---------------------------|---|--------------------|---|---------------|---|

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|---|------|-------|-----|---|---|---|----------------------|---|
| Home Address (Do not use PO Box or Business Address) | City | State | Zip | 7 | Social Security # <small>(Students are required by law to provide their Social Security Number, which will be used for reporting to the federal government under the Taxpayer Relief Act of 1997 and for financial aid verification. If you do not have a Social Security Number, or if you do not wish to use it, please leave blank.)</small> | 8 | Date of Birth | 9 |
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| Mailing Address (If different from Home address) | City | State | Zip | : | | : | Highest Education Status | 38 |
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| Home Phone # | <input type="checkbox"/> Primary | : | Cell Phone # | <input type="checkbox"/> Primary | 32 | Sex | 33 | E-mail Address | 34 | Name of High School: _____ |
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| Ethnic Identity | Are you of Hispanic or Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Check all that apply: | <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Hispanic: Other | What is your race? Check one or more: <input type="checkbox"/> Asian: Indian <input type="checkbox"/> Asian: Laotian <input type="checkbox"/> Asian: Chinese <input type="checkbox"/> Asian: Cambodian <input type="checkbox"/> Asian: Japanese <input type="checkbox"/> Asian: Vietnamese <input type="checkbox"/> Asian: Korean <input type="checkbox"/> Asian: Filipino <input type="checkbox"/> Asian: Other <small>(A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent)</small> <input type="checkbox"/> Black or African American <small>(A person having origins in any of the black racial groups of Africa)</small> | What is your race? Check one or more: <input type="checkbox"/> American Indian/Alaskan Native <small>(A person having origins in any of the original people of North and South America (Including Central America) who maintains cultural identification through tribal affiliation or community attachment)</small> <input type="checkbox"/> Pacific Islander: Guamanian <input type="checkbox"/> Pacific Islander: Hawaiian <input type="checkbox"/> Pacific Islander: Samoan <input type="checkbox"/> Pacific Islander: Other <small>(A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands)</small> <input type="checkbox"/> White <small>(A person having origins in any of the original people of Europe, Middle East, or North Africa)</small> | Enrollment Status | 35 | Primary Language | 37 | State/Foreign Country: _____ Graduation Date (mm/dd/yyyy): Last college attended, not including LACCD College: If none, check this box <input type="checkbox"/> Name of College: _____ City: _____ State/Foreign Country: _____ From (mm/dd/yyyy): To (mm/dd/yyyy): |
|------------------------|--|-------------------------------|---|--|--|--------------------------|----|-------------------------|----|---|

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| Main Educational Goal | 39 | FERPA - Student Information - Permission to Release | 3: | Tourist Visa | 3: |
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| Academic Plan | 42 | Non-Discrimination Policy | 43 |
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| Student Signature: _____ | Date: _____ | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 150px; height: 30px; background-color: black;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; background-color: black;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Processed By Date </div> </div> |
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