



**School of Extended Learning**  
**NONCREDIT APPLICATION FOR ADMISSION**  
 (Tuition-free courses only)

Term Applying For:

Summer  Fall  Spring

Year \_\_\_\_\_

**Full Legal Name:**

LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

Previous Name on Academic Records:

LAST: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
 (Minor Enrollment form required if under 18 years of age)

Gender:  Male  Female  Decline to state

**Current Mailing Address:**

Number & Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country, if other than U.S. \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

**Educational Level:**

(As of the start of application term, you are or will be)

- (0) Not a graduate of, and no longer enrolled in high school
- (1) Currently enrolled in K-12 (high school)
- (2) Enrolled in Adult High School
- (3) Received high school diploma from U.S. school
- (4) Passed the GED/received a High School Certificate of Equivalency
- (5) Received a Certificate of California High School Proficiency
- (6) Received diploma of graduation from a foreign Secondary School
- (7) Associate Degree
- (8) Bachelor Degree or higher

**Race/Ethnicity :**

Are you of Hispanic or Latino ethnicity?  Yes  No (check one or more)

- |   |   |
|---|---|
| <input type="checkbox"/> 01- Hispanic, Latino                   | <input type="checkbox"/> 12- Asian Vietnamese               |
| <input type="checkbox"/> 02- Mexican, Mexican-American, Chicano | <input type="checkbox"/> 13- Filipino                       |
| <input type="checkbox"/> 03- Central American                   | <input type="checkbox"/> 14- Asian Other                    |
| <input type="checkbox"/> 04- South American                     | <input type="checkbox"/> 15- Black or African American      |
| <input type="checkbox"/> 05- Hispanic Other                     | <input type="checkbox"/> 16- American Indian/Alaskan Native |
| <input type="checkbox"/> 06- Asian Indian                       | <input type="checkbox"/> 17- Pacific Islander Guamanian     |
| <input type="checkbox"/> 07- Asian Chinese                      | <input type="checkbox"/> 18- Pacific Islander Hawaiian      |
| <input type="checkbox"/> 08- Asian Japanese                     | <input type="checkbox"/> 19- Pacific Islander Samoan        |
| <input type="checkbox"/> 09- Asian Korean                       | <input type="checkbox"/> 20- Pacific Islander Other         |
| <input type="checkbox"/> 10- Asian Laotian                      | <input type="checkbox"/> 21- White                          |
| <input type="checkbox"/> 11- Asian Cambodian                    |   |

**Education Goal:**

- (A) Obtain an Associate Degree and transfer to a 4-year institution
- (B) Transfer to a 4-year institution without an Associate Degree
- (C) Obtain a 2-year Associate Degree without transfer
- (E) Earn a vocational certificate without transfer
- (F) Discover / formulate career interests, plans, goals
- (G) Prepare for a new career (acquire job skills)
- (H) Advance in current job / career (update job skills)
- (I) Maintain certificate or license
- (J) Educational Development (intellectual, cultural, physical)
- (K) Improve basic skills (English, reading or math)
- (L) Complete credits for high school diploma or GED
- (M) Undecided on goal at this time
- (N) To move from noncredit coursework to credit coursework
- (O) 4-year college student taking courses to meet 4-year college requirements

**Parents / Guardian Education Level:**

(Regardless of your age, please indicate the education levels of the parents and/or guardians who raised you)

Parent / Guardian #1	Parent / Guardian #2
<input type="checkbox"/> (1) Grade 9 or less	<input type="checkbox"/> (1) Grade 9 or less
<input type="checkbox"/> (2) Some high school; did not graduate	<input type="checkbox"/> (2) Some high school; did not graduate
<input type="checkbox"/> (3) High School graduate	<input type="checkbox"/> (3) High School graduate
<input type="checkbox"/> (4) Some college; no degree	<input type="checkbox"/> (4) Some college; no degree
<input type="checkbox"/> (5) Associate's Degree	<input type="checkbox"/> (5) Associate's Degree
<input type="checkbox"/> (6) Bachelor's Degree	<input type="checkbox"/> (6) Bachelor's Degree
<input type="checkbox"/> (7) Graduate or professional degree beyond BA/BS	<input type="checkbox"/> (7) Graduate or professional degree beyond BA/BS
<input type="checkbox"/> (X) Unknown	<input type="checkbox"/> (X) Unknown
<input type="checkbox"/> (Y) No parent or guardian	<input type="checkbox"/> (Y) No parent or guardian

**To be signed by all students**

I declare under penalty of perjury that the statements submitted by me are true and correct. All materials submitted by me for the purposes of admission become the property of Santa Barbara City College. I understand that falsification, withholding pertinent data, or failure to report change in residence may result in my dismissal.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

OR

Power of Attorney/ Trustee

Signature \_\_\_\_\_

# Registration Worksheet

Formulario de matrícula



Name: \_\_\_\_\_

**SBCC ID Number: K** \_\_\_\_\_ ( if you know it, thank you)

<b>Add</b> Agregar	<b>Drop</b> Dar de baja	<b>Section CRN</b> # de sección de la clase	<b>Subject</b> Nombre de la clase	<b>Submitting this form does not guarantee registration into your course. Registration is processed on a first come, first serve basis. Registration will not be processed for courses that are full (closed).</b>
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

----- **Section only for students under the age of 18.** -----

## MINOR ENROLLMENT REQUEST

I would like to enroll in a SBCC Noncredit class. I have read and agree to the Santa Barbara City College's (SBCC) Standards of Student Conduct. I understand that continued enrollment will be based on reasonable progress and appropriate behavior.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

## PART II – To be completed by High School Administrator (Principal or Assistant Principal) signature required:

Signature required if:

- Student is requesting to enroll in a class during regular K-12 class hours.
- Student is leaving their previous High School to enroll in SBCC NC AHS/GED Program.
- Student is taking a Noncredit class outside of their High School hours or while they are on intercession, i.e. Summer break

Call Student Support Services for an appointment. 805-898-8160.

Homeschool students must provide a California Private Home School Affidavit

Classes/Program in which student plans to enroll: \_\_\_\_\_

High School Administrator's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

## PART III - To be completed by Parent or Guardian

The above student has my permission to enroll in the SBCC NC classes listed above. By signing this I understand that my student is considered a SBCC NC (Adult) Student. I have also read and understand the FERPA policy as it pertains to my student. Parent or Guardian must be present to submit form.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Email to:** [SELAdmissions@sbcc.edu](mailto:SELAdmissions@sbcc.edu)

**OR: Scan or send a digital photograph of both sides of your completed application/registration form**

For Office Use Only:

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_