



NONCREDIT APPLICATION

SOUTHWESTERN COLLEGE CONTINUING EDUCATION

900 Otay Lakes Road, Chula Vista, CA 91910-7299

619-482-6376 FAX 619-482-6402

CHECK THE TERM THAT APPLIES:

- FALL
- SPRING
- SUMMER

Noncredit courses are funded by local and state taxes. The information requested on this application **remains confidential and is required** to establish your eligibility to register in this publicly funded class. Thank you for your assistance. Returning Student SWC ID # _____

-PLEASE PRINT NEATLY AND DO NOT USE ANY NICKNAMES OR ABBREVIATIONS-

HOW DID YOU HEAR ABOUT US? (Please check all that apply)

- Continuing Education Schedule
- Continuing Education Facebook page
- Family or Friend
- Southwestern College Employee
- Southwestern College Website
- Other: (please explain) _____

LAST NAME

FIRST NAME

MIDDLE NAME

OTHER NAMES YOU HAVE USED SINCE BIRTH:

(Include nicknames, aliases, and maiden name, if applicable)

HOME ADDRESS (P.O Box not acceptable)

CITY

STATE

ZIP CODE

MARITAL STATUS: (Please Check one) SINGLE DIVORCED OR WIDOWED MARRIED SEPARATED DECLINE TO STATE

HOME PH. () _____ CELL PH. () _____ E-MAIL _____

BIRTHDATE (Required) : _____ / _____ / _____ MALE FEMALE DECLINE TO STATE

Mo. / Day / Year

SOCIAL SECURITY NUMBER

ETHNIC BACKGROUND: (Please Check one) HIS Hispanic/Latino NHIS Non-Hispanic/Latino X Unknown

RACE: (Please check all that apply) This information required by the Department of Education in compliance with Title VI, Civil Rights Act, 1964

- 01. Chinese
- 02. Japanese
- 03. Korean
- 04. Laotian
- 05. Cambodian
- 06. Vietnamese
- 07. Asian Indian
- 08. Other Asian
- 09. Guamanian
- 10. Hawaiian
- 11. Samoan
- 12. Pacific Islander /Other
- 13. Mex, MexAmer, Chicano
- 14. South American
- 15. Central American
- 16. Other Hispanic
- 17. Filipino
- 18. Amer. Ind, Alask Native
- 19. Black, Non-Hispanic
- 20. White

CITIZENSHIP: (Required, please Check one)

- 0. United States
- 1. Amnesty
- 2. Permanent Resident
- 3. Temporary Resident
- 4. Refugee/Asylee
- 7. List Other: _____

IF YOUR STATUS IS AMNESTY, PERMANENT RESIDENT, REFUGEE/ASYLEE, OR TEMPORARY RESIDENT, INDICATE CARD ISSUE DATE:

Mo. / Day / Year

IS ENGLISH THE LANGUAGE YOU SPEAK AND WRITE MOST FREQUENTLY? (Check YES or NO)

- YES
- NO, specify language: _____

HAVE YOU LIVED IN THE STATE OF CALIFORNIA FOR THE PAST 25 MONTHS? (Check YES or NO) YES NO If NO, since what date Mo / Day / Year

WITHIN THE PAST 25 MONTHS, HAVE YOU, OR IF UNDER 19, YOUR PARENTS: (Check YES or NO) YES NO If YES, indicate date: Mo / Day / Year

Maintained voter registration and voted in another state? YES NO If YES, indicate date: Mo / Day / Year

Petitioned for a divorce in another state? YES NO If YES, indicate date: Mo / Day / Year

Filed state income taxes in another state? YES NO If YES, indicate date: Mo / Day / Year

Attended a college or university as a resident of another state? YES NO If YES, indicate date: Mo / Day / Year

FAMILY INCOME: (Please check one)

- 1. \$0-\$7,500
- 2. \$7,501-\$10,000
- 3. \$10,001-\$15,000
- 4. \$15,001-\$16,000
- 5. \$16,001-\$17,000
- 6. \$17,001-\$20,000
- 7. \$20,001-\$25,000
- 8. \$25,001-\$30,000
- 9. \$30,001-\$35,000
- 10. \$35,001-\$40,000
- 11. \$40,001-\$45,000
- 12. \$45,001-\$50,000
- 13. \$50,001 or above
- 14. Unknown

FAMILY SIZE: Number in your household including yourself (Check one)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

HIGH SCHOOL EDUCATION STATUS: (Please check all that apply)

- 1. Not a high school graduate and not enrolled in high school Highest level completed: 1 2 3 4 5 6 7 8 9 10 11 12
- 2. Not a high school graduate and currently enrolled in Adult School Highest level completed: 1 2 3 4 5 6 7 8 9 10 11 12
- 3. Currently in high school and 2+2 program Current Grade: 9 10 11 12
- 4. Currently enrolled in high school Current Grade: 9 10 11 12
- 5. U.S. High School diploma Month & Year earned: Mo / Year
- 6. High School Equivalency Certificate (GED/HISET) Month & Year earned: Mo / Year
- 7. Certificate of California High School Proficiency (CHSPE) Month & Year earned: Mo / Year
- 8. Foreign secondary/high school Diploma/Certificate Month & Year earned: Mo / Year

EDUCATION COMPLETED					
Technical/Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Some College, No Degree (If yes, please check one) Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior			A.A. /A.S. Degree Yes <input type="checkbox"/> No <input type="checkbox"/>	
4-yr. College Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Graduate Studies Yes <input type="checkbox"/> No <input type="checkbox"/>			Other Diploma/Degree Yes <input type="checkbox"/> No <input type="checkbox"/>	
I EARNED THE ABOVE OUTSIDE OF THE U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO Please indicate what level of education, diploma or degree was earned outside the United States and where:					
ADULT SCHOOL SITE: (Please check all that apply and enter the date you last attended) <input type="checkbox"/> San Ysidro Adult School <input type="checkbox"/> Chula Vista Adult School <input type="checkbox"/> Coronado Adult School Mo / Year Mo / Year Mo / Year <input type="checkbox"/> Montgomery Adult School <input type="checkbox"/> National City Adult School Mo / Year Mo / Year <div style="text-align: right; font-size: small;">Please indicate any Adult School you have attended in the State of California not on this list:</div>					
HAVE YOU OR DO YOU CURRENTLY RECEIVE THE FOLLOWING TYPES OF ASSISTANCE? (Please check all that apply):					
Public Assistance / Welfare Yes <input type="checkbox"/> No <input type="checkbox"/>	TANF Yes <input type="checkbox"/> No <input type="checkbox"/>	WIOA TITLE I Yes <input type="checkbox"/> No <input type="checkbox"/>		Rehabilitation Yes <input type="checkbox"/> No <input type="checkbox"/>	
Food Stamps / Calfresh / SNAP Yes <input type="checkbox"/> No <input type="checkbox"/>	CalWorks Yes <input type="checkbox"/> No <input type="checkbox"/>	Medi-Cal / MediCare Yes <input type="checkbox"/> No <input type="checkbox"/>		EDD Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Security Yes <input type="checkbox"/> No <input type="checkbox"/>	Supplemental Security Income (SSI) Yes <input type="checkbox"/> No <input type="checkbox"/>	General Assistance (GA) Yes <input type="checkbox"/> No <input type="checkbox"/>			
WHAT IS YOUR PRIMARY GOAL AND YOUR SECONDARY GOAL FOR ATTENDING CONTINUING EDUCATION COURSES? (Select 1=Primary and 2=Secondary)	Get a better Job <input type="checkbox"/> 1 <input type="checkbox"/> 2	Improve Basic Skills <input type="checkbox"/> 1 <input type="checkbox"/> 2	Improve English Skills <input type="checkbox"/> 1 <input type="checkbox"/> 2	Prepare to Earn High School Diploma / GED <input type="checkbox"/> 1 <input type="checkbox"/> 2	
	Prepare for Employment <input type="checkbox"/> 1 <input type="checkbox"/> 2	Retain Current Job <input type="checkbox"/> 1 <input type="checkbox"/> 2	Prepare to Enter College or Training <input type="checkbox"/> 1 <input type="checkbox"/> 2	Personal Goal <input type="checkbox"/> 1 <input type="checkbox"/> 2	
	Family Goal <input type="checkbox"/> 1 <input type="checkbox"/> 2	Prepare for U.S. Citizenship <input type="checkbox"/> 1 <input type="checkbox"/> 2	Prepare for Military Service <input type="checkbox"/> 1 <input type="checkbox"/> 2	None <input type="checkbox"/> 1 <input type="checkbox"/> 2	
	Other Attainable Goal <input type="checkbox"/> 1 <input type="checkbox"/> 2 (Please explain):				
PLEASE CHECK ALL THAT APPLY TO YOU:	Cultural Barriers <input type="checkbox"/>	Dislocated Worker <input type="checkbox"/>	Displaced Homemaker <input type="checkbox"/>	Employed <input type="checkbox"/>	
	Employed, With Termination Notice <input type="checkbox"/>	English Language Learner <input type="checkbox"/>	Ex-Offender <input type="checkbox"/>	Foster Care Youth <input type="checkbox"/>	
	Homeless <input type="checkbox"/>	Learning Disabled <input type="checkbox"/>	Long-term Unemployed <input type="checkbox"/>	Low Levels of Literacy <input type="checkbox"/>	
	Low Income <input type="checkbox"/>	Migrant Farmworker <input type="checkbox"/>	N/A <input type="checkbox"/>	No longer TANF eligible within 2 years <input type="checkbox"/>	
	Not Employed/ Not Seeking Work <input type="checkbox"/>	Physically Disabled <input type="checkbox"/>	Retired <input type="checkbox"/>	Seasonal Farmworker <input type="checkbox"/>	
	Single Parent <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Veteran (U.S. Military) <input type="checkbox"/>	Active Duty (U.S. Military) <input type="checkbox"/>	
SELECT ALL SPECIAL PROGRAMS YOU ARE CURRENTLY AFFILIATED WITH:	Corrections <input type="checkbox"/>	Family Literacy <input type="checkbox"/>	Non-traditional Training <input type="checkbox"/>	Perkins <input type="checkbox"/>	
	Special Needs <input type="checkbox"/>	Tutoring <input type="checkbox"/>	Workplace Education <input type="checkbox"/>	Homeless Programs <input type="checkbox"/>	
	Rehabilitation <input type="checkbox"/>	Other: (please explain)			
SIGNATURE:			DATE:		
PLEASE REGISTER ME IN THE FOLLOWING NONCREDIT COURSES:					
Course Section Number	Name of Course				Start Date
NC					
FOR OFFICE USE ONLY					
Service(s) provided at time of application:					
(OR) <input type="checkbox"/>		(Circle one)	NC SSSP EX	or	NEX
(AS) <input type="checkbox"/>					
(AD) <input type="checkbox"/>		(Circle one)	NC EL	or	NC NEL
(SEP) <input type="checkbox"/>					