



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

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

CITIZENSHIP: (Required, please Check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> 0. United States | <input type="checkbox"/> 2. Permanent Resident | <input type="checkbox"/> 4. Refugee/Asylee |
| <input type="checkbox"/> 1. Amnesty | <input type="checkbox"/> 3. Temporary Resident | <input type="checkbox"/> 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)

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)

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

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

- | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 | <input type="checkbox"/> 11 | <input type="checkbox"/> 13 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 | <input type="checkbox"/> 10 | <input type="checkbox"/> 12 | <input type="checkbox"/> 14 | |

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

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

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 Mo / Year		<input type="checkbox"/> Chula Vista Adult School Mo / Year		<input type="checkbox"/> Coronado Adult School Mo / Year	
<input type="checkbox"/> Montgomery Adult School Mo / Year		<input type="checkbox"/> National City Adult School Mo / Year		Please indicate any Adult School you have attended in the State of California not on this list:	
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"/>	
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"/>	
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		(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"/>	
Rehabilitation <input type="checkbox"/>		Workplace Education <input type="checkbox"/>		Homeless Programs <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					
NC					
NC					
NC					
NC					
FOR OFFICE USE ONLY					
Service(s) provided at time of application:					
<div style="display: flex; justify-content: space-between;"> <div> (OR) <input type="checkbox"/> (AS) <input type="checkbox"/> (AD) <input type="checkbox"/> (SEP) <input type="checkbox"/> </div> <div> (Circle one) </div> <div> NC SSSP EX or NEX </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (AD) <input type="checkbox"/> (SEP) <input type="checkbox"/> </div> <div> (Circle one) </div> <div> NC EL or NC NEL </div> </div>					