



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.

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

☐ Returning Student
SWC ID # _____

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"/> 07. Asian Indian | <input type="checkbox"/> 13. Mex, MexAmer, Chicano | <input type="checkbox"/> 19. Black, Non-Hispanic | <input type="checkbox"/> 25. Asian |
| <input type="checkbox"/> 02. Japanese | <input type="checkbox"/> 08. Other Asian | <input type="checkbox"/> 14. South American | <input type="checkbox"/> 20. White, Non-Hispanic | <input type="checkbox"/> AN American/Alaskan Native/Ame |
| <input type="checkbox"/> 03. Korean | <input type="checkbox"/> 09. Guamanian | <input type="checkbox"/> 15. Central American | <input type="checkbox"/> 21. Other, Non-White | <input type="checkbox"/> AS Asian |
| <input type="checkbox"/> 04. Laotian | <input type="checkbox"/> 10. Hawaiian | <input type="checkbox"/> 16. Other Hispanic | <input type="checkbox"/> 22. Other | <input type="checkbox"/> BL Black or African American |
| <input type="checkbox"/> 05. Cambodian | <input type="checkbox"/> 11. Samoan | <input type="checkbox"/> 17. Filipino | <input type="checkbox"/> 23. Decline to State | <input type="checkbox"/> HP Hawaiian/Pacific Islander |
| <input type="checkbox"/> 06. Vietnamese | <input type="checkbox"/> 12. Pacific Islander | <input type="checkbox"/> 18. Amer. Ind, Alask Amer | <input type="checkbox"/> 24. Hispanic | <input type="checkbox"/> WH White |
| | | | | <input type="checkbox"/> NP Asian/Pacific Islander |

CITIZENSHIP: (Required, please Check one)

- ☐ 0. United States ☐ 2. Permanent Resident ☐ 4. Refugee/Asylee
☐ 1. Amnesty ☐ 3. Temporary Resident ☐ 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, indicate date: Mo. / Day / Year
Petitioned for a divorce in another state?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, indicate date: Mo. / Day / Year
Filed state income taxes in another state?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, indicate date: Mo. / Day / Year
Attended a college or university as a resident of another state?	<input type="checkbox"/> YES <input type="checkbox"/> 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: | <input type="checkbox"/> 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"/> 2. Not a high school graduate and currently enrolled in Adult School | Highest level completed: | <input type="checkbox"/> 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"/> 3. Currently in high school and 2+2 program | Current Grade: | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 |
| <input type="checkbox"/> 4. Currently enrolled in high school | Current Grade: | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 |
| <input type="checkbox"/> 5. U.S. High School diploma | Month & Year earned: | Mo. / Year |
| <input type="checkbox"/> 6. High School Equivalency Certificate (GED/HiSET) | Month & Year earned: | Mo. / Year |
| <input type="checkbox"/> 7. Certificate of California High School Proficiency (CHSPE) | Month & Year earned: | Mo. / Year |
| <input type="checkbox"/> 8. Foreign secondary/high school Diploma/Certificate | Month & Year earned: | Mo. / Year |

EDUCATION COMPLETED						
Technical/Certificate <input type="checkbox"/> YES <input type="checkbox"/> NO		Some College, No Degree <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior		A.A. /A.S. Degree <input type="checkbox"/> YES <input type="checkbox"/> NO		
4-yr. College Graduate <input type="checkbox"/> YES <input type="checkbox"/> NO		Graduate Studies <input type="checkbox"/> YES <input type="checkbox"/> NO		Other Diploma/Degree <input type="checkbox"/> YES <input type="checkbox"/> NO		
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)						
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> San Ysidro Adult School Mo. / Year </div> <div> <input type="checkbox"/> Chula Vista Adult School Mo. / Year </div> <div> <input type="checkbox"/> Coronado Adult School Mo. / Year </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Montgomery Adult School Mo. / Year </div> <div> <input type="checkbox"/> National City Adult School Mo. / Year </div> </div> <div style="text-align: right; font-size: small; margin-top: 5px;"> 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"/>		
Social Security 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"/>		
Rehabilitation Yes <input type="checkbox"/> No <input type="checkbox"/>		Food Stamps / Calfresh / CashAid Yes <input type="checkbox"/> No <input type="checkbox"/>		Other: (please explain)		
WHAT ARE YOUR GOALS FOR ATTENDING CONTINUING EDUCATION COURSES? <small>(Select 2)</small>	Get a better Job <input type="checkbox"/>		Improve Basic Skills <input type="checkbox"/>		Improve English Skills <input type="checkbox"/>	
	Prepare for Employment <input type="checkbox"/>		Retain Current Job <input type="checkbox"/>		Prepare to Enter College or Training <input type="checkbox"/>	
	Family Goal <input type="checkbox"/>		Prepare for U.S. Citizenship <input type="checkbox"/>		Prepare for Military Service <input type="checkbox"/>	
	Other Attainable Goal <input type="checkbox"/>		(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, With Termination Notice <input type="checkbox"/>		English Language Learner <input type="checkbox"/>		Ex-Offender <input type="checkbox"/>	
	Homeless <input type="checkbox"/>		Learning Disabled <input type="checkbox"/>		Long-term Unemployed <input type="checkbox"/>	
	Low Income <input type="checkbox"/>		Migrant Farmworker <input type="checkbox"/>		N/A <input type="checkbox"/>	
	Not Employed/ Not Seeking Work <input type="checkbox"/>		Physically Disabled <input type="checkbox"/>		Retired <input type="checkbox"/>	
	Single Parent <input type="checkbox"/>		Unemployed <input type="checkbox"/>		Veteran <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"/>	
	Special Needs <input type="checkbox"/>		Tutoring <input type="checkbox"/>		Workplace Education <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						
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"/> (Circle one) (AS) <input type="checkbox"/> (AD) <input type="checkbox"/> (Circle one) (SEP) <input type="checkbox"/> </div> <div> NC SSSP EX or NEX NC EL or NC NEL </div> </div>						