



SOCCOAST AFLOAT REGISTRATION FORM

1a. All NEW STUDENT's please complete the online application <http://military.coastline.edu/page.cfm?LinkID=1474>

If you are unable to access the online application please provide your SSN _____ (A Social Security Number is requested from new students only. Thereafter, students are issued a Student ID number which is used for any further transactions at Coastline.) Complete questions 1-25.

1b. RETURNING or CONTINUING STUDENT's at COASTLINE provide your Student ID No. _____
 (Returning and Continuing Students only need to complete questions 1-10, sign and submit page one only.)

2. LEGAL NAME _____ 3. _____
Last First M.I. Prior Names Used

4a. BIRTHDATE: _____ (Month/Day/Year) 4b. AGE _____ 5. MALE FEMALE

6. CONTACT INFORMATION: 6a EMAIL ADDRESS _____
 6b ALTERNATE EMAIL ADDRESS: _____

6c. CURRENT ADDRESS OF RESIDENCE: _____
Address City State Zip

6d MAILING ADDRESS (If different from above): _____
Address City State Zip

7. PHONE: (_____) _____ (_____) _____
Area Code Day Phone Area Code Evening Phone

8. MILITARY STATUS: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse (SMD) <input type="checkbox"/> Parent (FMD) <input type="checkbox"/> Civil Service (DoD)	
(If Military complete items 8A-EE)	8a. Branch of Service: <input type="checkbox"/> Navy <input type="checkbox"/> Marine <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard
8b. Rank _____ (E-6, W-2, 0-3, etc.)	8d. Current Military Installation: _____
8c. Rate or MOS _____ (HM, 6134, 92A, etc.)	8e. Years of Service Completed (not counting breaks in service) _____

9. Course Selection and Determination of Fees. Tuition is \$200 per credit hour.

9a. SEMESTER FOR WHICH YOU ARE REGISTERING: Summer Fall Spring Month/Year Class Session
 Begins: _____

9b. Course Name	Credit Hours
<i>Sample: Phil C100</i>	<i>3.0</i>
Total Number of Credit Hours	
Total Tuition = Total Credit Hours x \$200.00	

9c. METHOD OF PAYMENT: Tuition Assistance Check Money Order (TA Authorization, check or money order must accompany registration form)
 Credit Card: VISA MasterCard Discover (If credit card, provide the information below and sign)

Credit Card No. _____ Exp. Date: _____ Billing Zip Code: _____

Authorizing Signature _____ Date _____

10. THIS APPLICATION IS CONSIDERED A LEGAL DOCUMENT AND WILL BECOME A PERMANENT PART OF YOUR RECORD. FALSIFICATION OF THIS DOCUMENT MAY BE CAUSE FOR DISMISSAL AND OTHER LEGAL ACTION AS DEEMED APPROPRIATE. I CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT AND THAT I AM IN COMPLIANCE.

I HEREBY AUTHORIZE THE RELEASE OF MY EDUCATIONAL RECORDS TO THE UNITED STATES DEPARTMENT OF DEFENSE OR COASTLINE DESIGNEE UNDER THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 FOR THE PERIOD OF TIME WHILE I AM PARTICIPATING IN THE MILITARY EDUCATION PROGRAMS AT COASTLINE COMMUNITY COLLEGE. THOSE ORGANIZATIONS AND AGENCIES TO WHICH YOUR INFORMATION MAY BE GIVEN ARE PROHIBITED BY LAW FROM USING IT FOR ANY UNAUTHORIZED PURPOSE OR FROM SUBSEQUENTLY RELEASING IT TO ANYONE ELSE.

SIGNATURE _____ Date _____

Remember to sign this form and FAX with, ESO Cover Sheet, and tuition assistance authorization or credit card payment to (714)241-6270
 - Or -

Scan and email to rose@coastline.edu

NEW STUDENTS ONLY: PLEASE CONTINUE TO PAGE 2 AND COMPLETE YOUR COLLEGE APPLICATION PROCESS.

11. BIRTHPLACE _____

12. HOME STATE OF RECORD: _____

13. CITIZENSHIP STATUS (*Check one*): Non U.S. Citizens are required to verify status

OR	1. <input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent Resident (2)	<input type="checkbox"/> Refugee/Asylum (4)	<input type="checkbox"/> Other Visa (6) _____
		<input type="checkbox"/> Temporary Resident/Amnesty (3)	<input type="checkbox"/> Student Visa (F-1 or M-1) (5)	<i>Type</i>
		_____ <i>Visa (A) #</i>	_____ <i>Date Issued</i>	_____ <i>Date Expires</i>

14. ETHNIC BACKGROUND:

A) Are you Hispanic or Latino? YES NO

B) Please check one or more of the following:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> American Indian, Alaskan Native (N.) | <input type="checkbox"/> Hispanic Other (HX) | <input type="checkbox"/> Cambodian (AM) | <input type="checkbox"/> Guamanian (PG) |
| <input type="checkbox"/> Black or African American (B.) | <input type="checkbox"/> Asian Indian (AI) | <input type="checkbox"/> Laotian (AL) | <input type="checkbox"/> Hawaiian (PH) |
| <input type="checkbox"/> Central American(HR) | <input type="checkbox"/> Chinese (AC) | <input type="checkbox"/> Vietnamese(AV) | <input type="checkbox"/> Samoan (PS) |
| <input type="checkbox"/> South American (HS) | <input type="checkbox"/> Japanese (AJ) | <input type="checkbox"/> Filipino (F.) | <input type="checkbox"/> Pacific Islander Other (PX) |
| <input type="checkbox"/> Mexican, Mexican-American, Chicano(HM) | <input type="checkbox"/> Korean (AK) | <input type="checkbox"/> Asian Other (AX) | <input type="checkbox"/> White (W.) |

15. Would you like information regarding services for any of the following disabilities (*Check all that apply*):

- | | | |
|--|---|--|
| <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Hearing Disability | <input type="checkbox"/> Learning Disability (Pursuant to Section 504 Regulations) |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Special Disability | <input type="checkbox"/> Mobility or Orthopedic Disability |

16. PRIMARY LANGUAGE: English (E) Non-English (N) Unknown (X)

17. HIGH SCHOOL EDUCATION (*Check One*):

- | | |
|---|---|
| <input type="checkbox"/> Not a high school graduate and not currently attending High School (0) | <input type="checkbox"/> Passed the GED or earned a CYA diploma (4) |
| <input type="checkbox"/> Earned a U.S. High School diploma (3) | <input type="checkbox"/> Earned a certificate of the California High School Proficiency Exams (5) |
| <input type="checkbox"/> Earned a Foreign Secondary diploma (6) | |

18. HIGH SCHOOL GRADUATION DATE _____

19. I PLAN TO ENROLL IN MORE THAN 6 UNITS: YES NO

20. EDUCATIONAL GOAL (*Check one*):

- | | | |
|---|---|---|
| <input type="checkbox"/> A.A. degree with transfer/Bachelor's (A) | <input type="checkbox"/> A.A. degree without transfer (C) | <input type="checkbox"/> Advance on my current job/career (H) |
| <input type="checkbox"/> Bachelor's degree or higher (B) | <input type="checkbox"/> Certificate only (E) | <input type="checkbox"/> Undecided (M) |

21. MAJOR (*Check one*): Rate or MOS Related (720) Other (290) Undecided (299)

22. YOUR TRANSFER PLAN (*Check only one box*):

- | | | |
|--|--|--|
| <input type="checkbox"/> Non-Transfer | <input type="checkbox"/> University of California | <input type="checkbox"/> Out-of-State College/University |
| <input type="checkbox"/> California State University | <input type="checkbox"/> California Independent College/University | |

23. LIST COLLEGES OR UNIVERSITIES THAT YOU HAVE ATTENDED, THE MOST RECENT FIRST.

College	City/State	From (Year)	To (Year)
_____	_____	_____	_____
_____	_____	_____	_____

24. COLLEGIATE ACADEMIC LEVEL? (*Check only one box*):

- | | |
|---|--|
| <input type="checkbox"/> Never Attended College (1) | <input type="checkbox"/> 60 or more semester units – no Associate Degree (3) |
| <input type="checkbox"/> Fewer than 30 semester units (1) | <input type="checkbox"/> Associate degree (4) |
| <input type="checkbox"/> 30 – 59.9 semester units (2) | <input type="checkbox"/> BA/BS degree OR HIGHER (5) YEAR AWARDED _____ |
| | Month/Year |

25. STUDENT ENROLLMENT STATUS (*Check only one box*):

- | | |
|--|---|
| <input type="checkbox"/> First-time college student (1) | <input type="checkbox"/> Returning to CCC, after attending other college(s) (3) |
| <input type="checkbox"/> First time at CCC, attending another colleges (2) | <input type="checkbox"/> Returning to CCC without attending other colleges (5) |

Please initial and date _____

NEW STUDENTS
Remember to sign page 1, initial and date above, and
fax or mail both pages as indicated at bottom of page 1.