

OLLI at Sierra College
 316 Vernon Street, Suite 200
 Roseville, CA 95678
 (916) 781-6290 www.sierracollege.edu/olli



FALL
 SPRING
 SUMMER _____ YEAR

1. SOCIAL SECURITY NUMBER

_____ - _____ - _____

2. DATE OF BIRTH

____/____/____
 MO DAY YEAR

3. IS ENGLISH YOUR PRIMARY LANGUAGE?

Yes No

4. EMAIL ADDRESS

5. LEGAL NAME & CURRENT ADDRESS

Last Name: _____

First Name: _____

Middle Name or Initial: _____ Suffix: _____

Gender: Male Female Decline to State

Former or Maiden Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Day Phone Number: (____) _____ - _____ Evening Phone Number: (____) _____ - _____

6. U.S. CITIZENSHIP If **NO**, check **one** of the following:

YES NO
 Permanent Resident * Temporary Resident * Amnesty *
 Refugee / Asylee * Student Visa (F1) Other - Specify: _____

*Provide your Alien ID number: _____

Issue Date: ____/____/____ Exp. Date: ____/____/____

7. RACE / ETHNICITY (Check one)

<input type="checkbox"/> African American, Non-Hispanic	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Mexican	<input type="checkbox"/> South American
<input type="checkbox"/> American Indian, Alaskan Native	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Indian (Asia)	<input type="checkbox"/> Other Hispanic	<input type="checkbox"/> White, Non-Hispanic
<input type="checkbox"/> Central American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Non-White	<input type="checkbox"/> Unknown/Non Respondent
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Decline to State
<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	

8. EDUCATIONAL GOAL (Check one)

<input type="checkbox"/> Associate Degree without transfer.	<input type="checkbox"/> Prepare for a new career (acquire job skills).
<input type="checkbox"/> Advance in current job/career (update job skills).	<input type="checkbox"/> Transfer with AA/AS degree.
<input type="checkbox"/> Formulate career interests, plans and goals.	<input type="checkbox"/> Transfer without AA/AS degree.
<input type="checkbox"/> Improve basic skills in English, Reading and Math.	<input type="checkbox"/> Vocational Certificate without Transfer.
<input type="checkbox"/> Maintain certificate or license.	<input type="checkbox"/> Undecided on goal/exploring.
<input type="checkbox"/> Personal Enrichment.	

9. HIGH SCHOOL STATUS (Check one)

Never attended.

Academic Enrichment Student
(Will be attending both 9-12 and Sierra).

Did not graduate.

Graduated.

Passed GED.

Passed CA Proficiency Exam.

Currently in Adult School.

Foreign school graduate.

DATE OF HIGH SCHOOL GRADUATION, G.E.D : ____ / ____
MO YEAR

10. ENROLLMENT STATUS (Check one)

First time Student.

Attended another college, first time at Sierra.

Previously attended Sierra College.
If attended Sierra College prior to 1980, when :
____ / ____
MO YEAR

Have also attended another college since I attended Sierra College.

11. LAST HIGH SCHOOL ATTENDED

High School: _____

City: _____

County: _____ State: _____

12. MAJOR (see last page for codes)

Program of study you intend to pursue at this college

**For OLLI Program
use code - 0 0 0 0 in boxes below**

~~**13. LAST COLLEGE/UNIVERSITY ATTENDED (if applicable)**~~

~~College/University: _____~~

~~Year attended: _____~~

~~Highest Degree Earned: Associate's Degree Bachelor's Degree or higher Year highest degree earned: _____~~

14. Employment

How many hours per week do you expect to work this term?

None 20-29

1-9 30-39

10-19 40 or More

15. MATRICULATION

Did you take an assessment Test ? Yes No

Did you attend orientation ? Yes No

Did you Prepare a Student Education Plan ? Yes No

16. NEEDS AND INTERESTS (Check all that apply) - Optional

Athletics/Intercollegiate Sports

Basic Skills (reading, writing, math)

CalWorks

Career Center

Community Education

Counseling - Personal

Disability Services

Employment Assistance

ESL - English as a Second Language

EOPS - Extended Opportunity Programs and Services

Financial Aid

Health services

Housing / Dorms

Learning Disability

Re-Entry Center

Student Activities

Study Skills

Transfer Center

Tutoring

Veteran's Benefits

OFFICE USE ONLY

Processed by: _____

Res: _____

Date: _____

The information requested below is deemed relevant and necessary to properly determine your residence status for tuition purposes pursuant to Education Code 68040. Failure to answer all questions may cause you to be classified as a nonresident. You may submit other information that you believe will establish your California residence. If additional information is needed to determine your residence status, you will be required to complete a supplemental questionnaire and/or to present evidence in accordance with Educational Code 68040 et seq. The burden of proof to clearly demonstrate both physical presence and intent to establish California residence lies with the student.

PART A — To be completed by all students

Name: _____

What state do you regard as your permanent home? _____

If it is California, when did your present stay begin? _____ / _____ / _____
Month Day Year

1. Where have you resided in the past 24 months?

_____	_____	From _____ / _____	To _____ / _____
City	State	Month Year	Month Year
_____	_____	From _____ / _____	To _____ / _____
City	State	Month Year	Month Year

2. Are you unmarried and under 19 years of age?

 Yes Complete questions 2-8 about your parents
 No Complete questions 2-8 about yourself

If yes, what year? _____

3. Have you filed state income tax in another state? Yes No _____4. Have you voted in another state? Yes No _____5. Attended an out-of-state education institution as a resident of that state? Yes No _____6. Declared residency in another state for income tax purposes? Yes No _____7. Had a valid driver's license in another state? Yes No _____8. Registered another vehicle in another state? Yes No _____**PART B — If you are under 19 years of age when classes begin – complete the questions below**1. Have you lived continuously for the past two (2) years with one or both of your parents or court appointed legal guardian?
 Yes No

2. Please indicate your parent's/legal guardian's name(s) and address below:

3. Name: _____ U.S. Citizen Yes NoCurrent Address: _____
Street City State Zip4. Has the person indicated above claimed you on their Federal or State income tax for this past year?
 Yes No**PART C — U. S. Military Status**

- | | | |
|--|--|--|
| <input type="checkbox"/> None apply to me | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is California your home of record? |
| <input type="checkbox"/> Currently active military | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you currently stationed in California? |
| <input type="checkbox"/> Dependent of currently active military | <input type="checkbox"/> Yes <input type="checkbox"/> No | If stationed in California, is it for educational purposes only? |
| <input type="checkbox"/> Member discharged within the last year | | |
| <input type="checkbox"/> Member discharged over a year ago (veteran) | | |

18. APPLICANT MUST READ AND SIGN (California State Law)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFICATION OF MY INFORMATION MAY RESULT IN DISCIPLINARY ACTION BY THE COLLEGE.

Applicant's Signature: _____ Date: _____