



Application for Admission

Answer all questions and return to:

Admissions Office
Shoreline Community College
16101 Greenwood Ave. N.,
Seattle, WA 98133-5696.

Phone (206) 546-4621
E-mail sccadmis@ctc.edu

Visit our web site: www.shoreline.ctc.edu

Please type or print with a ballpoint pen. Shaded areas for office use only.					Student I.D. Number	
Name of Washington community college to which you are applying Shoreline Community College			Branch	Have you ever applied to Shoreline? <input type="checkbox"/> Yes <input type="checkbox"/> No	Educational intent at SCC: <input type="checkbox"/> Earn degree or certificate <input type="checkbox"/> Take only one or two classes <input type="checkbox"/> Don't know yet	Quarter you plan to start: <input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> Fall <input type="checkbox"/> Spring 20__
IMPORTANT: Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.				Your intended major area of study		Do you plan to transfer to a four-year college? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number		Admissions Number		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date: Mo. _____ Day _____ Yr. _____	
Last name		First name		Initial		
Address: number and street				Apt. number		
City, state and zip						
E-mail address						
List previous last names		Day phone number () ()		Evening phone number () ()		
U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not U.S. citizen, what is your Visa status? Non-citizens must provide proof of status to the Admissions Office before submitting application.					
	<input type="checkbox"/> Visitor		<input type="checkbox"/> Temporary resident (Alien number _____)			
	<input type="checkbox"/> International student (with F or M Visa)		<input type="checkbox"/> Refugee/parolee or conditional entrant (Alien number _____)			
	<input type="checkbox"/> Immigrant/permanent resident (Alien number _____)		<input type="checkbox"/> Other (explain) _____			
Have you lived <u>continuously</u> in the state of Washington for the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No				ETHNIC ORIGIN (optional):		
"Directory information" means a student's name, address, telephone listing, date and place of birth, level of education, degrees received, and the most recent previous educational agency or institution attended by the student. Notice: 10 U.S.C. Sec. 503, Pub. L. 104-208, directs educational institutions to provide student directory information for students 17 and older to the armed forces.				Which race do you consider yourself to be?		
				<input type="checkbox"/> White/Caucasion (800) <input type="checkbox"/> Black/African Amer. (870) <input type="checkbox"/> Eskimo (935) <input type="checkbox"/> Aleut (941) <input type="checkbox"/> Indian (Amer.) (597) Print name of enrolled or principal tribe: _____		
				Asian or Pacific Islander (API):		
				<input type="checkbox"/> Chinese (605) <input type="checkbox"/> Filipino (608) <input type="checkbox"/> Hawaiian (653) <input type="checkbox"/> Korean (612) <input type="checkbox"/> Vietnamese (619) <input type="checkbox"/> Japanese (611) <input type="checkbox"/> Asian Indian (600) <input type="checkbox"/> Samoan (655) <input type="checkbox"/> Guamanian (660) <input type="checkbox"/> Other API (please print): _____		
				Other race (please print): _____		
				Are you or are you not of Spanish/Hispanic origin?		
				<input type="checkbox"/> No (not Spanish/Hispanic) (999) <input type="checkbox"/> Yes, Mexican, Mexican-American, Chicano (722) <input type="checkbox"/> Yes, Puerto Rican (727) <input type="checkbox"/> Yes, Cuban (709) <input type="checkbox"/> Other Spanish/Hispanic (please print): _____		
				Veterans Information		
				Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Southeast Asia veteran receiving benefits <input type="checkbox"/> Receiving benefits, not Southeast Asia <input type="checkbox"/> Southeast Asia veteran not receiving benefits <input type="checkbox"/> Not receiving benefits <input type="checkbox"/> Dependent receiving benefits <input type="checkbox"/> Other _____		
PREVIOUS EDUCATION						
Do you have a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____						
Name of last high school attended			City and state		Years attended From _____ To _____	Graduated <input type="checkbox"/> No <input type="checkbox"/> Yes Yr. _____
Name of last college, vocational/technical school attended			City and state		Years attended From _____ To _____	Graduated <input type="checkbox"/> No <input type="checkbox"/> Yes Yr. _____
Name of last college, vocational/technical schools attended			City and state		Years attended From _____ To _____	Graduated <input type="checkbox"/> No <input type="checkbox"/> Yes Yr. _____
List additional colleges, voc./tech. schools on separate paper and attach.				I certify that to the best of my knowledge all statements on this form are true.		
For office use only. Do not write below this line.				 Applicant's signature _____ Today's date _____		