

International Student Admission Application

SANTA BARBARA CITY COLLEGE

APPLICATION DEADLINE

Fall Semester: *July 1, **July 15 • Spring Semester: *November 1, **November 15 • Summer Session: * **May 1

*Out-of-USA Applicants | **Current F-1 Students in USA | APPLICATION MUST BE RECEIVED BY DEADLINE DATE. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Term Applying For:

- Summer Fall Spring 20__ __
- English Language Training
- Academic Program

Full Legal Name: (As it appears in your passport)

Last Name _____

First Name _____

Middle Name _____

Previous Name on Academic Records: (Full Legal Name)

Personal Information:

Social Security Number: _____

(If none, leave blank)

Date of Birth (MM/DD/YYYY) _____

Gender M F

Student's Email Address _____

U.S. Mailing Address: (Complete only if you live at this address)

Street Address _____

City _____

State _____ Zip/Postal Code _____

Country if other than U.S. _____

Telephone Number () _____

Permanent Home Country Address:

Check here if same as mailing address

No./Street Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Telephone Number () _____

Fax Number () _____

Student Type:

- 1 New (Never attended any college before, or attended while in high school or U.S. language school, but not SBCC)
- 2 New Transfer (Attended U.S. college or completed BA/MA degree)
- 3 Returning Transfer (Attended SBCC, but last attended another college)
- 3 Returning (Last attended SBCC, but not last semester)

Education Goal:

- A Transfer with AA/AS Degree
- B Transfer without AA/AS Degree
- C Associate Degree without Transfer
- K Basic Skills/English, Reading, Math

Education Level:

- 0 – Not enrolled/did not graduate high school
- 1 – Enrolling in high school and college
- 3 – Received High School Diploma
- 4 – GED/H.S. Equivalency Certificate
- 6 – Foreign Secondary School Diploma
- 7 – Associate Degree
- 8 – Bachelor Degree or higher

Program of Study/Major at SBCC _____

English Language Training

Citizenship:

- 5 – Student Visa (F-1)
- 6 – Other Visa (Specify) _____ Date Issued _____
- 8 – Student Visa (M-1)
- No Visa (Residing Outside of U.S.)

(Verification of Visa status is **required**. Students must be prepared to **present proof** of status.)

Country of Birth _____

Country of Citizenship _____

Race/Ethnicity:

Are you Hispanic or Latino? Yes No

What is your race/ethnicity? Check one or more.

- | | |
|--|--|
| <input type="checkbox"/> 01 Hispanic, Latino | <input type="checkbox"/> 12 Asian Vietnamese |
| <input type="checkbox"/> 02 Mexican, Mexican-American, Chicano | <input type="checkbox"/> 13 Filipino |
| <input type="checkbox"/> 03 Central American | <input type="checkbox"/> 14 Asian Other |
| <input type="checkbox"/> 04 South American | <input type="checkbox"/> 15 Black or African American |
| <input type="checkbox"/> 05 Hispanic Other | <input type="checkbox"/> 16 American Indian/Alaskan Native |
| <input type="checkbox"/> 06 Asian Indian | <input type="checkbox"/> 17 Pacific Islander Guamanian |
| <input type="checkbox"/> 07 Asian Chinese | <input type="checkbox"/> 18 Pacific Islander Hawaiian |
| <input type="checkbox"/> 08 Asian Japanese | <input type="checkbox"/> 19 Pacific Islander Samoan |
| <input type="checkbox"/> 09 Asian Korean | <input type="checkbox"/> 20 Pacific Islander Other |
| <input type="checkbox"/> 10 Asian Laotian | <input type="checkbox"/> 21 White |
| <input type="checkbox"/> 11 Asian Cambodian | <input type="checkbox"/> 22 Other |

High School Last Attended

High School Name _____

City _____ State/Province _____

Country if other than U.S. _____

Graduation Date (MM/DD/YYYY) _____

Prior College(s)/Language Schools: List most recent first.

College Name _____

City _____ State/Province _____

Country if other than U.S. _____

From (MM/DD/YYYY) _____ To (MM/DD/YYYY) _____

Degree Earned (if applicable) _____

Prior College:

College Name _____

City _____ State/Province _____

Country if other than U.S. _____

From (MM/DD/YYYY) _____ To (MM/DD/YYYY) _____

Degree Earned (if applicable) _____

Parent/Guardian Information 1:

Last Name _____

First Name _____

Relationship: Father Mother Guardian

Check here if same as permanent address.

Street Address _____

City _____

State _____ Zip/Postal Code _____

Country if other than U.S. _____

Telephone Number () () _____

Parent/Guardian Information 2:

Last Name _____

First Name _____

Relationship: Father Mother Guardian

Check here if same as Parent / Guardian #1 address

Street Address _____

City _____

State _____ Zip/Postal Code _____

Country if other than U.S. _____

Telephone Number () () _____

Primary Language:

01 – English

05 – Spanish

02 – Chinese

06 – Vietnamese

03 – Farsi

07 – Other

04 – Japanese

Transfer Plans:

00 – No Transfer Plans

11 – Community college

01 – Out of State/ Foreign

12 – CSU, Channel Islands

02 – UCSB

13 – UC Davis

03 – UC Berkeley

14 – UC Irvine

04 – UCLA

15 – UC San Diego

05 – Other UC campuses

16 – UC Santa Cruz

06 – Cal Poly, SLO

17 – San Diego State

07 – CSU, Northridge

18 – CSU, Long Beach

08 – Other CSU campuses

19 – San Francisco State

09 – Westmont College

20 – USC

10 – CA private college

To Be Signed by all Students

I declare under penalty of perjury that the statements submitted by me are true and correct. All materials submitted by me for the purposes of admission become the property of Santa Barbara City College. I understand that falsification, withholding pertinent data, or failure to report change in residence may result in my dismissal.

Students Signature _____ Date _____

For Office use only

Banner I.D.: K _____

Residency: 5 – CA 6 – OS 8 – INTL

7 – AB540 9 – F – 1 VISA

Entered by: _____ Date: _____

Foundation for SBCC:

I am interested in learning about the Foundation for SBCC and ways to support SBCC and its students. I give consent to release my name, mailing address and email addresses for this purpose.

Yes No

Mail to:

Blueberry World Wide

Grev Turegatan 35

114 38 Stockholm, Sweden

Tel: 08-442 67 60

Fax: 08-442 67 69

Credit Card Authorization Form

SANTA BARABARA CITY COLLEGE Application Fee 50 USD
payable to SBCC District Account # 11000-0000-888501-000-000.

Please charge my credit card in the amount of \$50 to pay the non-refundable application fee.

Student Applicant's Name _____

Application Term Fall Spring Summer Year _____

Visa Mastercard

Name on card _____

Card number (16 digits) _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

Expiration date (month/year) _____

Signature _____

Date (day/month/year) _____
