

Application Form

Return your completed form in person to the Enrollment Center, by fax to (505) 428-1468 or by mail to:
Enrollment and Student Services, Santa Fe Community College, 6401 Richards Ave., Santa Fe, NM 87508-4887

Please complete in ink.

Legal name

Last name First name Middle initial

Social Security No.* _____ - _____ - _____ **Date of birth** _____

Mailing address

Street or P.O. box

City State ZIP

Contact (_____) _____ (_____) _____
Home phone Work phone E-mail

Citizenship United States Nonresident alien Other _____
Country

Visa type _____ Expiration date _____ Are you in-status? Yes No

Residency

County: Santa Fe San Miguel Bernalillo Rio Arriba Other _____

Public school district: Santa Fe Other _____

Have you lived in New Mexico for the past 12 months? Yes No

New Mexico is my state of residence Yes No

Do you have a current New Mexico Driver's License or State I.D.? Yes No

Do you have a Driver's License or State ID from another state? Yes No

If yes, please list the state: _____

Gender Male Female **Ethnicity** Hispanic or Latino Not Hispanic or Latino
Race White Black or African American Hispanic or Latino
 American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Current Education Level

High school Student Graduate High school _____ State ____ Graduation date __/__/__

GED Student Graduate Test center _____ State ____ Graduation date __/__/__

Highest degree held: Associate Bachelor's Master's Doctorate M Other

Name of college or university last attended _____ State _____

If needed, please provide official transcripts to the SFCC Records Office so that your previous work can be evaluated for transfer credit.

Are you currently under academic suspension/probation at another institution? Yes No

If so, which institution _____

Have you ever been on disciplinary suspension/probation? Yes No If yes, effective date _____

If your educational records have ever been under another name or names, please list:

**If you are a noncitizen and do not have a Social Security Number, call (505) 428-1270 for assistance.*

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Application Form

continued

Statistical data

This information is used for statistical purposes only. It is not used for determination of eligibility for admission to Santa Fe Community College or to any of its programs.

Are you enrolling for personal enrichment only?

Yes No

Are you enrolling for skill upgrade only?

Yes No

Are you seeking training/education after having been out of the workforce due to family responsibilities?

Yes No

Is this your first time attending any college or university?

Yes No

Is a language other than English your first or primary language?

Yes No

How many people, including yourself, live in your household?

Number of dependent children, if any?

Are you a single parent?

Yes No

Please enter the number from below that corresponds to the range of your household's annual taxable income:

- _____
1. \$15,600 or less
 2. \$15,601 to \$21,000
 3. \$21,001 to \$26,400
 4. \$26,401 to \$31,800
 5. \$31,801 to \$37,200
 6. \$37,201 to \$42,600
 7. \$42,601 to \$48,000
 8. \$48,001 to \$53,400
 9. More than \$53,400 (please indicate amount)

Did either of your parents complete a bachelor's degree or higher?

Yes No

I certify that all information given in this application is complete and accurate to the best of my knowledge. I understand that misrepresentation in any statement or failure to abide by college academic regulations will be considered adequate grounds for denial of admission, cancellation of registration or suspension from SFCC.

Signature _____

Date _____