



Registration Checklist

In order to participate in class, we need the Application for Admission and Schedule Request form completed with the necessary information and **signed on both forms**.

Application for Admission (Pages 2-6)

Page 2:

- First & Last Name
(If you attended Merced College in the past with a different last name, please provide that name under "Previous Name")
- Age
- Gender *(or Decline to State)*
- Date of Birth *(You are not required to provide your SSN, but we must have your date of birth to establish identification.)*
- Race/Ethnicity
- Phone Number & Mailing Address
- Parent Information *(Share the information you feel comfortable reporting)*

Page 3:

- Residency Determination *(select which age group you are in)*
- Residency Certification:
 - US citizenship *(if not a US citizen, need to provide Alien Registration Information)*
 - California Residency *(Please check "Yes" if you have lived in CA for at least 2 years)*
 - Out-of-state activities
- Military Information

Page 4:

- Education Status and Goals *(Skip – will be completed for you)*
- Education History: Must put high school name, city/state, start & end years
You can skip the "Student Support Services" and the "Optional" Sections

Page 5:

- Certification : Answer "Yes" or "No" for the three questions at the bottom

Page 6:

Optional Information: Not required but helpful for data on student demographics

- Sign & Date (WE CANNOT REGISTER YOU WITHOUT A SIGNATURE)**

Schedule Request Form(s) Pages 7 and 8

- Date of Birth (or MC Student Number if known) Telephone
- Number Last Name & First Name
- Sign & Date (WE CANNOT REGISTER YOU WITHOUT A SIGNATURE)**

Payment Option (page 9)

- Student Name & Email (at the Top) Select ONE Option: Invoice, Credit Card, or Cash

Seats are reserved first come, first served based on completed forms sent to the Business Resource Center (BRC) along with confirmation of payment (company invoice, credit card, or cash only).

Email forms to registerbrc@mccd.edu or send by fax to 209-386-6793.

Call the BRC at 209-386-6733 if you have any questions.

WAITLIST: *We cannot guarantee a seat in class for waitlisted students, but you are welcome to attend the first day of class to see if a seat will be available.*

***If participants have not lived in California for one year and a day at the start of the semester, tuition is the out-of-state fee of \$130.50 for a ½ unit class.**

Optional Voluntary Form: Authorization to Release Student Information - (Page 10)



Application for Admission

Spring Summer/Fall

- 2021
- 2022
- 2023
- 2024

Office use:

- _____
- NAE
 - SCREENS

Personal Information			
First Name	Middle Name	Last Name	
Previous Name(s)		Preferred Name	
Email address		Social Security Number	<input type="checkbox"/> Decline to State
Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Decline to State	Date of Birth (MM/DD/YYYY)	
Are you Hispanic or Latino? (Circle yes/no) <div style="display: flex; justify-content: space-around;"> YES NO </div> <input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Other Hispanic type		What is your race/ethnicity? (Choose one or more) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Japanese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Black/African American <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Samoan <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> White <input type="checkbox"/> Guamanian <input type="checkbox"/> Other Asian type <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Pacific Islander	
Contact Information			
_____		_____	
Cell Phone Number (xxx-xxx-xxxx)		Home Phone Number (xxx-xxx-xxxx)	
<input type="checkbox"/> I authorize text messages to be sent to the cell phone number above and accept responsibility for any charges that result.			
Mailing Address (Street Number, Name, and Apartment/Unit/Space #)			
City	State	ZIP Code	
Residential Address (if different from Mailing Address above)			
City	State	ZIP Code	
Parent/Guardian Information			
Regardless of your age, please indicate the highest level of education attained by the parents and/or guardians who raised you.			
<u>Parent/Guardian #1</u> <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Some high school, did not graduate <input type="checkbox"/> High school graduate (diploma, GED, or equivalent) <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Graduate degree (Master, Ph.D., etc.) <input type="checkbox"/> Unknown		<u>Parent/Guardian #2</u> <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Some high school, did not graduate <input type="checkbox"/> High school graduate (diploma, GED, or equivalent) <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Graduate degree (Master, Ph.D., etc.) <input type="checkbox"/> Unknown	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been in court-ordered foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you ever homeless in the last 24 months?			

Residency Determination

By California law, resident tuition is based on the residency of your parent(s) or guardian(s) until you are 19 years of age, except in a few special circumstances. Check the box below that applies to you to determine whether you or your parent/guardian must answer the questions on this page:

Option A: I am 19 years old or older.
 (You must answer the following questions as they apply to you. **Skip to Question #1 below.**)

Option B: I am under 19 years old and at least one of the following is true about me:

- I am or have been married.
- I am legally emancipated.
- I do not have a living parent or guardian.
- I will be on active duty in the armed services as of the day before the first day of the term I am applying for.
- I have been self-supporting for at least one year as of the day before the first day of the term I am applying for.

(You must answer the following questions as they apply to you. **Skip to Question #1 below.**)

Option C: I am under 19 years old and NONE of the above statements are true about me.
 (Your parent/guardian must answer the following questions as it applies to them.
 Continue to Parent/Guardian Info section below.)

Parent/Guardian Information – REQUIRED ONLY IF YOU MARKED OPTION C ABOVE

First Name	Last Name	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
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Residency Certification

Required if chosen citizenship status has * or write N/A if not applicable.

1. What is THE STUDENT'S citizenship status?

- U.S. Citizen Temporary Resident* Student Visa F-1/M-1
 Permanent Resident* Refugee/Asylee* Other status*

*Alien Registration #: _____

*Date Issued _____

*Expiration Date _____

*Visa Type _____

*Date Issued _____

*Expiration Date _____

2. Please answer the following questions.

If you chose Option C above, your Parent/guardian must answer as it applies to them otherwise it applied to you.

Yes No

- Have you lived in California continuously for the last two years?
 If NO, when did your **current stay** in California begin? ___/___/___
 mm dd yyyy

3. In the last two years, have you ever:

Yes No

- Registered to vote in another state? Year: _____
 Petitioned for a lawsuit or divorce in another state? Year: _____
 Attended an out-of-state educational institution as a resident of that state? Year: _____
 Declared residency in another state for income tax purposes? Year: _____

 Is English the language you speak most often? If not English, I mostly speak: _____

Office Use Only

Residence Status

Military Information

Yes No

- Have you, your parent/guardian (if you are a dependent), or spouse ever served in the military?
If no, skip to next page.

What is your, your parent/guardian, or spouse's military status?

- Currently on active duty
 Veteran
 Member of Active Reserve
 Member of the National Guard

Date of Discharge (if known):

_____ mm/dd/yyyy

Education Status and Goal	Special Support Services
<p>Please choose one:</p> <p><input type="checkbox"/> First time college student <input type="checkbox"/> First time here, been to another college <input type="checkbox"/> Returning here after an absence <input type="checkbox"/> Continuing (currently enrolled) <input type="checkbox"/> Enrolling in high school and college at the same time</p>	<p>Merced College is committed to your educational success and has many services to assist your particular needs.</p> <p>Each category listed below provides special services to help you succeed.</p> <p>Please tell us which services would benefit you in some way:</p> <p><input type="checkbox"/> Financial Aid <input type="checkbox"/> Child Care <input type="checkbox"/> Disabled Students Program & Services <input type="checkbox"/> Transfer services <input type="checkbox"/> Employment Assistance <input type="checkbox"/> Basic skills <input type="checkbox"/> Course tutoring <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Extended Oppty. Programs/Services <input type="checkbox"/> CalWORKs</p> <p>Are you interested in participating in a sport while attending college?</p> <p><input type="checkbox"/> Yes, on a team <input type="checkbox"/> Yes, not on a team <input type="checkbox"/> No</p>
<p>Intended Major <u>Number</u> : (see Major Code List on last page of application) 05200.CO</p>	
<p>Please choose one:</p> <p><input type="checkbox"/> Obtain a Bachelor's Degree after completing an Associate's Degree (A) <input type="checkbox"/> Obtain a Bachelor's Degree without completing an Associate's Degree (B) <input type="checkbox"/> Obtain a two-year Associate's Degree without transfer (C) <input type="checkbox"/> Obtain a two-year vocational degree without transfer (D) <input type="checkbox"/> Earn a vocational certificate without transfer (E) <input type="checkbox"/> Discover/formulate career interests, plans, goals (F) <input type="checkbox"/> Prepare for a new career (acquire job skills) (G) <input type="checkbox"/> Advance in current job/career (update job skills) (H) <input type="checkbox"/> Maintain certificate or license (e.g. nursing, real estate) (I) <input type="checkbox"/> Educational development/personal enrichment (J) <input type="checkbox"/> Improve basic skills in English, Reading, or Math (K) <input type="checkbox"/> Complete credits for high school diploma or GED (L) <input type="checkbox"/> Currently at another college taking courses to meet requirements there (O)</p>	

Education History

<input type="checkbox"/> Did not graduate <input type="checkbox"/> Not in high school yet <input type="checkbox"/> Currently a K-12 student* <input type="checkbox"/> Enrolled in Adult School <input type="checkbox"/> Received a High School Diploma <input type="checkbox"/> Passed GED <input type="checkbox"/> Certificate of Equivalency <input type="checkbox"/> Certificate of Proficiency <input type="checkbox"/> Foreign Secondary School Diploma <p><small>* Students currently enrolled in a K-12 school must submit a "Permit for Special K-12 Students"</small></p> <p>For each class add requested and apply each semester they take classes.</p>	High School Name		College/University Name	
	City	State	City	State
	Began and Ended (mm/yyyy – mm/yyyy)		Began and Ended (mm/yyyy – mm/yyyy)	
	Diploma Received (mm/yyyy)		<input type="checkbox"/> Did not complete degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor, Master, or Doctoral Degree <input type="checkbox"/> Other type of degree <input type="checkbox"/> Online College	
	Date of High school Graduation _____			
Date of GED _____				
Date of Certificate of Equivalency/Proficiency _____				
GED/Certificate of Equivalency/Proficiency was obtained: _____ / _____ City State				

Optional Information

Yes No

Do you consider yourself economically disadvantaged?

1. Annual income below \$12,360 for a single person or \$16,590 for a couple, including \$4,230 additional per dependent child
2. Eligible for public assistance (i.e. Food stamps (SNAP), free or reduced lunch for your children)
3. Eligible for student Financial Aid

Check box if you receive:

- TANF (CalWORKs)
- SSI (Supplemental Security Income)
- General Assistance

Yes No

Are you a single parent?

Yes No

Are you a displaced homemaker (see definition below)?

1. Have not worked for 5 or more years except to provide unpaid services to family members
2. Have been dependent on either the income of another family member or on public assistance
3. Are no longer receiving income from either source or
4. Are currently unemployed or underemployed and having difficulty obtaining or upgrading employment

Yes No

Have you moved in the preceding 36 months to obtain or to accompany your parents or spouse to obtain temporary or seasonal employment in agricultural, dairy, or fishing?

I declare under penalty of perjury that all of the information in this application pertains to me and is true and correct. I understand that falsification, withholding pertinent data, or failure to report changes in residency may result in disciplinary action from the Merced Community College District. All materials and information submitted in this application for purposes of admission become the property of Merced Community College District.

Student Signature: _____ Date: _____



Payment Options

In order to complete your registration to Merced College, please let us know how you will be paying: Invoice to Company/Organization, Credit Card, or Cash.

Complete the information below so that we can process your payment.

Registration for each 1/2 unit class is \$23.¹

Student Name: _____

Email: _____

Invoice Information

Company Name: _____

Attention/Email: _____

Mailing Address: _____

City, State, Zip: _____

Invoices are sent *after* classes are complete in case employees are unable to attend.

Credit Card Payment

(Visa or Master Card Only)

Name: _____
(as it appears on the card)

Credit Card Number: _____ Expiration Date: _____

Authorization Code: _____ Amount: _____

Phone Number: _____
(associated with card)

Billing Address: _____
(associated with card)

City, State, Zip: _____
(associated with card)

Signature: _____
(Electronic Signatures are not valid)

Date: _____

WPLRC OFFICE ONLY

MGMT _____

Section #

ID#

Cash Payments

Check the box if you plan to pay with cash.

Cash payments can be made at the Merced College Business Resource Center in downtown Merced on 630 W. 19th Street, Merced CA 95340. We are open from 8:00 AM to 5:00 PM Monday through Friday (except during the summer when the college is closed on Fridays). Please bring exact cash for the number of classes you plan to register.

Reimbursements: If you are not able to attend class, and you paid through credit card or cash, you can:
1) keep the amount in your account to use for later classes; or 2) contact Student Fees to be reimbursed. Student Fees is located on the 3rd floor of the Leshner Building on the main Merced College campus. Their phone number is 209-384-6212.

¹ If the student has not lived in California for one year and a day at the start of the semester, the out-of-state fee of \$130.50 is applied to registration for each class for that entire semester.

Authorization to Release Student Information to Employer or Sponsor



The Family Educational Rights and Privacy Act (FERPA) of 1974 prohibits Merced College from releasing certain personally identifiable information from a student's educational records to a third party (Employer or Sponsor) without the student's explicit written consent. This form serves as written consent when properly completed.

Instructions: Complete this form with all applicable information.

I, _____, _____,
 (Print student name) (Student ID Number or Date of Birth)

give consent for Merced College to disclose personally identifiable information concerning my educational records to the Agency Contact listed below. Releasable information includes: eligibility to register for classes, information on coursework completed in prior terms, credit hours, class schedule, attendance, account balance.

Merced College may release my information to the following Employer or Sponsor:

Employer or Sponsor Name:	Contact Name:	Title:
Phone Number: () -		

Employer or Sponsor Name:	Contact Name:	Title:
Phone Number: () -		

- I certify this request was signed voluntarily and I understand that it will remain in effect for one year from the date of the student's signature below. If I wish to revoke this Authorization I must do so in writing.

Student Signature: _____ Date: _____

Office Use Only:

MC Staff Signature: _____ Date: _____