



MERCED COLLEGE

Application for Admission

Submit completed form to Admissions@mccd.edu

Spring Summer/Fall

- 2022
- 2023
- 2024
- 2025

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)	

<p>Are you Hispanic or Latino?(Check yes/no)</p> <p><input type="radio"/> YES <input type="radio"/> NO</p> <p><input type="checkbox"/> Mexican, Mexican-American, Chicano</p> <p><input type="checkbox"/> Central American</p> <p><input type="checkbox"/> South American</p> <p><input type="checkbox"/> Other Hispanic type</p>	<p>What is your race/ethnicity? (Choose one or more)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> American Indian/Alaskan Native</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Korean</td> </tr> <tr> <td><input type="checkbox"/> Black/African American</td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Other Asian type</td> </tr> <tr> <td><input type="checkbox"/> Hawaiian</td> <td><input type="checkbox"/> Other Pacific Islander</td> </tr> </table>	<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
<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

_____ Primary Phone Number (xxx-xxx-xxxx)		_____ Secondary Phone Number (xxx-xxx-xxxx)	
<input type="checkbox"/> I authorize text messages to be sent to the phone number/s checked below and accept responsibility for any charges that result. Primary <input type="checkbox"/> Secondary <input type="checkbox"/>			
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.

<p>Parent/Guardian #1</p> <p><input type="checkbox"/> Grade 9 or less</p> <p><input type="checkbox"/> Some high school, did not graduate</p> <p><input type="checkbox"/> High school graduate (diploma, GED, or equivalent)</p> <p><input type="checkbox"/> Some college, no degree</p> <p><input type="checkbox"/> Associate degree</p> <p><input type="checkbox"/> Bachelor degree</p> <p><input type="checkbox"/> Graduate degree (Master, Ph.D., etc.)</p> <p><input type="checkbox"/> Unknown</p>	<p>Parent/Guardian #2</p> <p><input type="checkbox"/> Grade 9 or less</p> <p><input type="checkbox"/> Some high school, did not graduate</p> <p><input type="checkbox"/> High school graduate (diploma, GED, or equivalent)</p> <p><input type="checkbox"/> Some college, no degree</p> <p><input type="checkbox"/> Associate degree</p> <p><input type="checkbox"/> Bachelor degree</p> <p><input type="checkbox"/> Graduate degree (Master, Ph.D., etc.)</p> <p><input type="checkbox"/> Unknown</p>
---	---

Yes No Have you ever been in **court-ordered** foster care?

Yes No Were you ever homeless in the last 24 months?

Education Status and Goal	Special Support Services
<p>Please choose one:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> First time college student <input type="checkbox"/> Returning here after an absence <input type="checkbox"/> Enrolling in high school and college at the same time </div> <div style="width: 45%;"> <input type="checkbox"/> First time here, been to another college <input type="checkbox"/> Continuing (currently enrolled) </div> </div>	<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> <div style="list-style-type: none; padding-left: 0;"> <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 <input type="checkbox"/> Health Services/Personal Counseling <input type="checkbox"/> Housing Information <input type="checkbox"/> Veterans Services </div> <p>Are you interested in participating in a sport while attending college?</p> <div style="list-style-type: none; padding-left: 0;"> <input type="checkbox"/> Yes, on a team <input type="checkbox"/> Yes, not on a team <input type="checkbox"/> No </div>
<p>Intended Major Number : (see Major Code List on last page of application)</p> <p>_____ . _____</p>	
<p>Please choose one:</p> <div style="list-style-type: none; padding-left: 0;"> <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) </div>	

Education History			
-------------------	--	--	--

<div style="list-style-type: none; padding-left: 0;"> <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 </div> <p style="font-size: small; margin-top: 10px;">* Students currently enrolled in a K-12 school must submit a “Permit for Special K-12 Students”</p> <p style="font-size: small; margin-top: 10px;">For each class add requested and apply each semester they take classes.</p>	<p>High School Name _____</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City _____</div> <div style="width: 45%;">State _____</div> </div> <p>Began and Ended (mm/yyyy – mm/yyyy) _____</p> <hr/> <p>High School Completion Date _____</p> <p>Date of GED _____</p> <p>Date of Certificate of Equivalency/Proficiency _____</p> <hr/> <p>GED/Certificate of Equivalency/Proficiency was obtained:</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">_____ / _____</div> <div style="width: 45%;">_____ / _____</div> </div> <p style="text-align: center; font-size: small;">City State</p>	<p>College/University Name _____</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City _____</div> <div style="width: 45%;">State _____</div> </div> <p>Began and Ended (mm/yyyy – mm/yyyy) _____</p> <hr/> <div style="list-style-type: none; padding-left: 0;"> <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 </div>
---	--	--

Certification

Selective Service Policy: If you are a U.S. citizen or male living in the United States whose age is 18-25, you have an obligation to register in accordance with the Federal Military Selective Service Act (50 U.S.C. App 451 et seq.) Additional information can be obtained at the U.S. Postal Office or at the web site of the Selective Service whose URL is www.sss.gov/register/

Residency Policy: You may be required to supply additional information to determine your residency status. Such information might be evidence in accordance with Education Code Sections 58040 et seq. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residence lies with the student. Failure to provide requested residency information will result in a determination of non-resident status which, among other things, will greatly increase your tuition rate.

Nondiscrimination Policy: Pursuant to appropriate California Education Code(s) the district shall not deny any person registration or enrollment because of the individuals ethnic group identification, religion, marital status, age, sex, handicap, or any other categories, as defined or required by law.

FERPA policy: Under notification of the Family Education Rights and Privacy Act, you may, at the time you actually enroll, direct the college to withhold release of directory information to persons not employed by the college. Directory Information includes your name, address, phone number, dates of attendance, major of study, award/degrees received, date of birth and the most recent institution previously attended.

Social Security Number: Be informed that you cannot be required to provide a Social Security Number, which is used by colleges to identify student records, and is authorized by the state Chancellor's office of California Community College system for evaluation of educational programs and services. You may refuse to provide it. Also be informed that Public Law 104-208 known as the Solomon Amendment requires Merced College to provide student directory information to the Department of Defense, including Military recruiters.

1098-T Information: The 1098-T is a tax form that is sent to students who paid "qualified educational expenses" in the preceding tax year. Qualified expenses include tuition, any fees that are required for enrollment, and course materials the student was required to buy from the school.

Financial Aid Acknowledgment: Federal and State financial aid programs are available and may include aid in the form of grants, work study, and/or available student loans. I am aware that I may apply for assistance for up to the total cost of my education including enrollment fees, books and supplies, transportation, and room and board expense. I may apply for financial assistance if I am enrolled in an eligible program of study (certificate, associate degree, transfer) and may receive aid if qualified, regardless of whether I am enrolled full-time or part-time.

Do you authorize Merced College to release Directory Information (see FERPA Policy above)?

Yes No

Do you want to receive your 1098-T Tuition Statement electronically (see 1098 information above)?

Yes No

Do you acknowledge the Financial Aid policy of California Community Colleges (see Financial Aid policy above)?

Yes No

Optional Information

Yes No

Do you consider yourself economically disadvantaged?

1. Annual income below \$13,590 for a single person or \$18,310 for a couple, including \$4,720 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: _____



Spring	2023
Summer	2024
Fall	2025

SCHEDULE REQUEST FORM

New/Returning Student*
 Continuing Student**
 K-12 Student
*New/Returning: If you were not enrolled last semester **Continuing: If you were enrolled last semester

Student ID# (Write your SSN or Date of Birth if you do not know ID#)		Phone Number	
Last Name		First Name	Middle Initial
Student Signature X			Date

COURSE ADDS

SECTION NO.	COURSE	UNITS	DAY	TIME	BLDG/ROOM	OFFICE USE ONLY – MM = Multiple Measure / OTR = Other Transcript				
						INSTRUCTIONAL DEAN'S SIG. REQUIRED IF EFFECTIVE DATE IS AFTER 3 RD WEEK				
STUDENTS ENROLLING IN A LAB CLASS INVOLVING READING, WRITING, MATH, SCIENCE, OR EXERCISE WILL ALSO BE ENROLLED IN A FREE OF CHARGE NON-CREDIT CLASS FOR RECORDKEEPING PURPOSES.						COUNSELOR SIGNATURE IF PREREQUISITES NOT MET	PLACEMENT OVERRIDE APPROVED USING		INSTRUCTOR'S SIGNATURE TO ADD (IF NEEDED)	DATE OF FIRST ATTENDANCE
							MM ✓	OTR ✓		
EXAMPLE: 1001	ENGL-01A	4	MWF	7-10pm	IAC-122					
99201	MGMT - 50D	.5		1PM-5:15PM	BRC					1/23/25
99222	MGMT - 50H	.5		1PM-5:15PM	BRC				<i>J. Pistorresi</i>	2/20/25
99204	MGMT - 50F	.5		1PM-5:15PM	BRC				<i>J. Pistorresi</i>	3/20/25
99214	MGMT - 52W	.5		1PM-5:15PM	BRC				<i>J. Pistorresi</i>	4/10/25
99205	MGMT - 50B	.5		1PM-5:15PM	BRC				<i>J. Pistorresi</i>	5/15/25
Customer Service Academy 2025 - Block Registration Face-to-Face										

COURSE DROPS

IT IS THE STUDENT'S RESPONSIBILITY TO DROP ANY CLASS THAT THEY DO NOT INTEND TO COMPLETE. EXCESSIVE DROPS MAY AFFECT ACADEMIC STATUS AND FINANCIAL AID.		OFFICE USE ONLY
SECTION NO.	COURSE	COUNSELOR SIGNATURE REQUIRED IF DROPPING GUID-54
EXAMPLE: 1001	ENGL-01A	

PASS/NO PASS OPTION

UP TO A 12 UNIT LIFETIME MAXIMUM MAY BE TAKEN ON A P/NP BASIS. STUDENTS HAVE UNTIL THE END OF THE FOLLOWING SEMESTER TO CHANGE FROM PASS/NO PASS TO A LETTER GRADE.		
SECTION NO.	COURSE	UNITS
EXAMPLE: 1001	ENGL-01A	4



Spring	2023
Summer	2024
Fall	2025

SCHEDULE REQUEST FORM

New/Returning Student*
 Continuing Student**
 K-12 Student

*New/Returning: If you were not enrolled last semester
 **Continuing: If you were enrolled last semester

Student ID# <i>(Write your SSN or Date of Birth if you do not know ID#)</i>		Phone Number	
Last Name		First Name	Middle Initial
Student Signature X		Date	

COURSE ADDS

SECTION NO.	COURSE	UNITS	DAY	TIME	BLDG/ROOM	OFFICE USE ONLY – MM = Multiple Measure / OTR = Other Transcript				
						INSTRUCTIONAL DEAN'S SIG. REQUIRED IF EFFECTIVE DATE IS AFTER 3 RD WEEK				
STUDENTS ENROLLING IN A LAB CLASS INVOLVING READING, WRITING, MATH, SCIENCE, OR EXERCISE WILL ALSO BE ENROLLED IN A FREE OF CHARGE NON-CREDIT CLASS FOR RECORDKEEPING PURPOSES.						COUNSELOR SIGNATURE IF PREREQUISITES NOT MET	PLACEMENT OVERRIDE APPROVED USING		INSTRUCTOR'S SIGNATURE TO ADD (IF NEEDED)	DATE OF FIRST ATTENDANCE
							MM	OTR		
EXAMPLE: 1001	ENGL-01A	4	MWF	7-10pm	IAC-122		✓	✓		
99845	MGMT-51G	.5		1PM-5:15PM	BRC					
99843	MGMT-50C	.5		1PM-5:15PM	BRC					
Customer	Service Academy	2025-	Block Registration	Face-to-Face						

COURSE DROPS

IT IS THE STUDENT'S RESPONSIBILITY TO DROP ANY CLASS THAT THEY DO NOT INTEND TO COMPLETE. EXCESSIVE DROPS MAY AFFECT ACADEMIC STATUS AND FINANCIAL AID.		OFFICE USE ONLY	
SECTION NO.	COURSE	COUNSELOR SIGNATURE REQUIRED IF DROPPING GUID-54	
EXAMPLE: 1001	ENGL-01A		

PASS/NO PASS OPTION

UP TO A 12 UNIT LIFETIME MAXIMUM MAY BE TAKEN ON A P/NP BASIS. STUDENTS HAVE UNTIL THE END OF THE FOLLOWING SEMESTER TO CHANGE FROM PASS/NO PASS TO A LETTER GRADE.		
SECTION NO.	COURSE	UNITS
EXAMPLE: 1001	ENGL-01A	4



Fall	2023
Spring	2024
Summer	2025

SCHEDULE REQUEST FORM

New/Returning Student*
 Continuing Student**
 K-12 Student

*New/Returning: If you were not enrolled last semester
 **Continuing: If you were enrolled last semester

Student ID# (Write your SSN or Date of Birth if you do not know ID#)		Phone Number	
Last Name		First Name	Middle Initial
Student Signature X			Date

COURSE ADDS

SECTION NO.	COURSE	UNITS	DAY	TIME	BLDG/ROOM	OFFICE USE ONLY – MM = Multiple Measure / OTR = Other Transcript				
						INSTRUCTIONAL DEAN'S SIG. REQUIRED IF EFFECTIVE DATE IS AFTER 3 RD WEEK				
STUDENTS ENROLLING IN A LAB CLASS INVOLVING READING, WRITING, MATH, SCIENCE, OR EXERCISE WILL ALSO BE ENROLLED IN A FREE OF CHARGE NON-CREDIT CLASS FOR RECORDKEEPING PURPOSES.						COUNSELOR SIGNATURE IF PREREQUISITES NOT MET	PLACEMENT OVERRIDE APPROVED USING		INSTRUCTOR'S SIGNATURE TO ADD (IF NEEDED)	DATE OF FIRST ATTENDANCE
							MM ✓	OTR ✓		
EXAMPLE: 1001	ENGL-01A	4	MWF	7-10pm	IAC-122					
99720	MGMT-51F	.5		1PM-5:15PM	BRC					
99721	MGMT-50U	.5		1PM-5:15PM	BRC					
99722	MGMT-50I	.5		1PM-5:15PM	BRC					
Customer	Service Academy	2025 -	Block	Registration	Face-to-Face					

COURSE DROPS

IT IS THE STUDENT'S RESPONSIBILITY TO DROP ANY CLASS THAT THEY DO NOT INTEND TO COMPLETE. EXCESSIVE DROPS MAY AFFECT ACADEMIC STATUS AND FINANCIAL AID.		OFFICE USE ONLY
SECTION NO.	COURSE	COUNSELOR SIGNATURE REQUIRED IF DROPPING GUID-54
EXAMPLE: 1001	ENGL-01A	

PASS/NO PASS OPTION

UP TO A 12 UNIT LIFETIME MAXIMUM MAY BE TAKEN ON A P/NP BASIS. STUDENTS HAVE UNTIL THE END OF THE FOLLOWING SEMESTER TO CHANGE FROM PASS/NO PASS TO A LETTER GRADE.		
SECTION NO.	COURSE	UNITS
EXAMPLE: 1001	ENGL-01A	4



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: _____