



APPLICATION FORM

A Program of Santa Monica College

Mail To: SMC Emeritus, 1227 2nd Street, Santa Monica, CA 90401

Full Legal Last Name: _____ Middle: _____
 Full Legal First Name: _____
 Legal Permanent Street Address: _____ Apt. No.: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address (if different from above). Include P.O. Box, City and Zip Code. _____

Area Code: _____ Telephone Number: _____ Birth Month: _____ Day: _____ Year: _____
 Check One: Male Female
 SMC/Emeritus Identification No.: _____ Email: _____
 Email me information on SMC Emeritus, SMC Foundation, and SMC.

YOU MUST ANSWER THE FOLLOWING QUESTIONS EACH TIME YOU REGISTER.

Term: Summer Fall Winter Spring Have you enrolled in SMC or Emeritus Classes before? YES NO
 Have you resided in California for at least two years? YES NO If NO, since _____
 If NO, last legal resident address: _____
 Have you been disqualified or dismissed from a college? YES NO
 If yes, enter college name: _____ and year _____

Section No.	Course Names	Time/Day	Section No.	Course Names	Time/Day

WRITE ONE CODE NUMBER IN EACH BOX AT THE RIGHT: (The State requires this information for new students.)

Ethnic Background	1. African American 2. American Indian/ Alaskan Native 3. White 4. Mexican/Chicano 5. Central American	6. South American 7. Hispanic Other 8. Asian Indian 9. Cambodian 10. Chinese 11. Filipino 12. Japanese 13. Korean 14. Laotian 15. Vietnamese 16. Asian Other 17. Guamanian 18. Hawaiian 19. Samoan 20. Pacific Islander
Citizenship	1. United States 2. Permanent Resident 3. Temporary Resident 4. Refugee/Asylee 5. Student F1 or M1 Visa 6. Other (specify below): _____ 7. Unknown 8. Foreign student taking online classes from home country.	Issue Date: _____
Enrollment Status	If you selected No. 2,3,4,5, or 6, write in your Permanent Resident or Visa No.: _____	
Educational Level	Year last attended school: _____ CERTIFICATE, DEGREE OR GRADUATED FROM: 0. Non-high school graduate 1. Advanced high school 2. Adult Diploma 3. High school graduate – No college degree 4. Passed GED test 5. Received High School Proficiency Certificate 6. Foreign Secondary School Diploma 7. Earned College Associate Degree 8. Earned College Bachelor Degree or higher	5. Continuing from a previous semester. 6. Special admit, currently enrolled in K-12.

YES! Count me in as a supporter!
 Check payable to: SMC FOUNDATION
 (write "Emeritus" in the memo line)

\$1,000 and above President's Circle
 \$500 to \$999
 \$250 to \$499 Club 250 starts at \$250
 \$100 to \$249

Please send me information about how I can provide for SMC and/or SMC Emeritus in my will or estate plan, including tax benefits and the SMC Foundation's Legacy Society.

PLEASE PRINT:
 Name _____
 Address _____
 City/State/Zip _____
 Phone Number _____
 Email _____
 This donation should be listed as Anonymous.

MY DONATION OF \$ _____ TO SUPPORT EMERITUS IS ENCLOSED.
 Emergency Contact: _____
 Emergency Telephone No.: _____

REQUIRED
*** WITHOUT YOUR SIGNATURE AND DATE WE CANNOT PROCESS YOUR FORM**
 I certify that the statements made in this application are true and complete to the best of my knowledge. I understand that falsification, withholding pertinent data or failure to report changes in residence may result in my dismissal.

Signature: _____

Date: _____