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PLEASE COMPLETE THIS ENTIRE FORM IF YOU ARE A NEW STUDENT AND SUBMIT IN PERSON TO THE ADMISSIONS & ENROLLMENT OFFICE OF THE CAMPUS YOU PLAN TO ATTEND.

6 H P H V W H U Fall Spring Summer , ' (1 7 ,) , & \$ 7 , 2 1	& D	PSXRXZR Civic Center (A Chinatown/Nor Castro (V)		WR H Q G Downtown (D) Evans (E) John Adams (J)	Mission (M) Ocean Ave. (P) Southeast (S)
Social Security/Student ID Number		Last Name (Fa	amily Name)	First Name	Middle Name
If you do not have a Social Security Number, and you will be assigned a Student Identificat		(Previous Nam	e) Last Name	First Name	Middle Name
Permanent Address/Number and Street		Apt.#	* H Q G H U Male	0QUJPO / PBjrthwdateUr	F∎month day year
City State	Zip		Home Phone	Cell / Work	Phone
Mailing Address/ Number and Street (if different	ent)		E-Mail Address		
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01 Hispanic, Latino					
02 Mexican, Mexican American/Chicano					
03 Central American					
04 South American					
05 Hispanic Other					
06 Asian Indian 07 Asian Chinese					
08 Asian Japanese					
09 Asian Korean					
10 Asian Laotian					
11 Asian Cambodian 1					
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