



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) Page 7

- 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 8)

- 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.**



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
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Contact Information

Primary 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"/>		Secondary Phone Number (xxx-xxx-xxxx) _____	
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>
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Yes No Have you ever been in **court-ordered** foster care?

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

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/welcome.html.

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 \$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.

If the student has not lived in California for one year and a day, the out-of-state fee of \$130.50 for a 1/2 unit class is applied to registration for each class until they are an official California resident.

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: _____