



**Active Duty Army – do not use this form. Apply and register through the GoArmyEd portal at <https://www.earmy.com>**

**Coastline Military Programs - Application & Registration**  
**Strategies for Using PDAs**

1a. \_\_\_ I am a NEW STUDENT at COASTLINE. My SSN \_\_\_\_\_ (A Social Security Number is requested from new students only. Thereafter, students are issued a Student ID number which is used for any further transactions at Coastline.) Complete questions 1-26.

1b. \_\_\_ I am a RETURNING or CONTINUING STUDENT at COASTLINE. My Student ID No. \_\_\_\_\_ (Returning and Continuing Students only need to complete questions 1-10, sign and submit page one only.)

2. LEGAL NAME \_\_\_\_\_ 3. \_\_\_\_\_  
*Last First M.I. Prior Names Used*

4a. BIRTHDATE: \_\_\_\_\_ (Month/Day/Year) 4b. AGE \_\_\_\_\_ 5.  MALE  FEMALE

6. CONTACT INFORMATION: 6a EMAIL ADDRESS \_\_\_\_\_  
 6b ALTERNATE EMAIL ADDRESS: \_\_\_\_\_

6c. CURRENT ADDRESS OF RESIDENCE: \_\_\_\_\_  
*Address City State Zip*

6d MAILING ADDRESS (If different from above) : \_\_\_\_\_  
*Address City State Zip*

7. PHONE: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Day Phone Area Code Evening Phone*

8. MILITARY STATUS: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse (SMD) <input type="checkbox"/> Parent (FMD) <input type="checkbox"/> Civil Service (DoD)	
(If Military complete items 10A-10E)	8a. Branch of Service: <input type="checkbox"/> Navy <input type="checkbox"/> Marine <input type="checkbox"/> Air force <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard
8b. Rank _____ (E-6, W-2, O-3, etc.)	8d. Current Military Installation: _____
8c. Rate or MOS _____ (HM, 6134, 92A, etc.)	8e. Years of Service Completed (not counting breaks in service) _____

**9. Course Selection and Determination of Fees. Tuition is \$169 per credit hour.**

9a. SEMESTER FOR WHICH YOU ARE REGISTERING:  Summer  Fall  Spring Month/Year Class Session Begins: \_\_\_\_\_

9b. Course Name and CRN number (Max two courses per session)	Credit Hours
<i>Sample: Phil 100, #91234</i>	<i>3.0</i>
<b>SPED C300 Strategies for Using PDAs Instructor: M. Wild</b>	<b>2.0</b>
Total Number of Credit Hours	<b>2.0</b>
Total Tuition = Total Credit Hours x \$169.00	<b>\$338.00</b>

9c. METHOD OF PAYMENT:  Tuition Assistance  Check  Money Order (TA Authorization, check or money order must accompany registration form)  
 Credit Card:  VISA  MasterCard  Discover (If credit card, provide the information below and sign)

Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

10. THIS APPLICATION IS CONSIDERED A LEGAL DOCUMENT AND WILL BECOME A PERMANENT PART OF YOUR RECORD. FALSIFICATION OF THIS DOCUMENT MAY BE CAUSE FOR DISMISSAL AND OTHER LEGAL ACTION AS DEEMED APPROPRIATE. I CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT AND THAT I AM IN COMPLIANCE.

I HEREBY AUTHORIZE THE RELEASE OF MY EDUCATIONAL RECORDS TO THE UNITED STATES DEPARTMENT OF DEFENSE OR COASTLINE DESIGNEE UNDER THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 FOR THE PERIOD OF TIME WHILE I AM PARTICIPATING IN THE MILITARY EDUCATION PROGRAMS AT COASTLINE COMMUNITY COLLEGE. THOSE ORGANIZATIONS AND AGENCIES TO WHICH YOUR INFORMATION MAY BE GIVEN ARE PROHIBITED BY LAW FROM USING IT FOR ANY UNAUTHORIZED PURPOSE OR FROM SUBSEQUENTLY RELEASING IT TO ANYONE ELSE.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Remember to sign this form and FAX with tuition assistance authorization or credit card payment to (714)241-6270

- or -

Mail with payment to Military Contract Education – Coastline Community College  
 11460 Warner Avenue, Fountain Valley, CA 92708-2597

**NEW STUDENTS ONLY: PLEASE CONTINUE TO PAGE 2 AND COMPLETE YOUR COLLEGE APPLICATION PROCESS.**

**New Student Application, continued.**

Student LName \_\_\_\_\_ FName \_\_\_\_\_

11. BIRTHPLACE \_\_\_\_\_

12. HOME STATE OF RECORD: \_\_\_\_\_

13. ARE YOU A SINGLE PARENT WITH DEPENDENT CHILDREN?  YES  NO

14. CITIZENSHIP STATUS (*Check one*): Non U.S. Citizens are required to verify status

1. <input type="checkbox"/> U.S. Citizen	OR 2. <input type="checkbox"/> Permanent Resident 3. <input type="checkbox"/> Temporary Resident/Amnesty _____ <i>Visa (A) #</i>	4. <input type="checkbox"/> Refugee/Asylum 5. <input type="checkbox"/> Student Visa (F-1 or M-1) _____ <i>Date Issued</i>	6. <input type="checkbox"/> Other Visa _____ <i>Type</i> _____ <i>Date Expires</i>
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15. ETHNIC BACKGROUND (*Leave blank if you decline to state*):

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Amer. Indian/Native Alaska (N.) | <input type="checkbox"/> Filipino (F.)         | <input type="checkbox"/> Mexican (HM)          | <input type="checkbox"/> Chinese (AC)   | <input type="checkbox"/> Vietnamese (AV)        |
| <input type="checkbox"/> White (W.)                      | <input type="checkbox"/> Pacific Islander (P.) | <input type="checkbox"/> Central American (HR) | <input type="checkbox"/> Japanese (AJ)  | <input type="checkbox"/> Asian Indian (AI)      |
| <input type="checkbox"/> Black (B.)                      | <input type="checkbox"/> Guamanian (PG)        | <input type="checkbox"/> South American (HS)   | <input type="checkbox"/> Korean (AK)    | <input type="checkbox"/> Asian (A.)             |
| <input type="checkbox"/> Other Non-White (O.)            | <input type="checkbox"/> Hawaiian (PH)         | <input type="checkbox"/> Hispanic (H.)         | <input type="checkbox"/> Laotian (AL)   | <input type="checkbox"/> Other Asian (AX)       |
| <input type="checkbox"/> Decline to state (XD)           | <input type="checkbox"/> Samoan (PS)           | <input type="checkbox"/> Other Hispanic (HX)   | <input type="checkbox"/> Cambodian (AM) | <input type="checkbox"/> Unk/Non Respondent (X) |

16. Would you like information regarding services for any of the following disabilities (*Check all that apply*):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Hearing Disability | <input type="checkbox"/> Learning Disability (Pursuant to Section 504 Regulations) |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Special Disability | <input type="checkbox"/> Mobility or Orthopedic Disability                         |

17. PRIMARY LANGUAGE:  English (E)  Non-English (N)  Unknown (X)

18. HIGH SCHOOL EDUCATION (*Check One*):

- |   |   |
|---|---|
| 0 <input type="checkbox"/> Not a high school graduate and not currently attending High School (NON) | 4 <input type="checkbox"/> Passed the GED or earned a CYA diploma (GED)                               |
| 3 <input type="checkbox"/> Earned a U.S. High School diploma (HSD)                                  | 5 <input type="checkbox"/> Earned a certificate of the California High School Proficiency Exams (COP) |
| 6 <input type="checkbox"/> Earned a Foreign Secondary diploma (FSD)                                 |   |

19. HIGH SCHOOL GRADUATION DATE \_\_\_\_\_

20. I PLAN TO ENROLL IN MORE THAN 6 UNITS:  YES  NO

21. EDUCATIONAL GOAL (*Check one*):

- |  |  |  |
|--|--|--|
| A. <input type="checkbox"/> A.A. degree with transfer/Bachelor's | C. <input type="checkbox"/> A.A. degree without transfer | H. <input type="checkbox"/> Advance on my current job/career |
| B. <input type="checkbox"/> Bachelor's degree or higher          | D. <input type="checkbox"/> Certificate only             | M. <input type="checkbox"/> Undecided                        |

22. MAJOR (*Check one*):  Rate or MOS Related (720)  General Studies (555)  Other (290)  Undecided (299)

23. YOUR TRANSFER PLAN (*Check only one box*):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Non-Transfer                | <input type="checkbox"/> University of California                  | <input type="checkbox"/> Out-of-State College/University |
| <input type="checkbox"/> California State University | <input type="checkbox"/> California Independent College/University |  |

24. LIST COLLEGES OR UNIVERSITIES THAT YOU HAVE ATTENDED, THE MOST RECENT FIRST.

College	City/State	From (Year)	To (Year)
_____	_____	_____	_____
_____	_____	_____	_____

25. COLLEGIATE ACADEMIC LEVEL? (*Check only one box*):

- |   |  |
|---|--|
| <input type="checkbox"/> Never Attended College (1)       | <input type="checkbox"/> 60 or more semester units – no Associate Degree (3)         |
| <input type="checkbox"/> Fewer than 30 semester units (1) | <input type="checkbox"/> Associate degree (4)  |
| <input type="checkbox"/> 30 – 59.9 semester units (2)     | <input type="checkbox"/> BA/BS degree OR HIGHER (5) YEAR AWARDED _____<br>Month/Year |

26. STUDENT ENROLLMENT STATUS (*Check only one box*):

- |   |  |
|---|--|
| 1. <input type="checkbox"/> First-time college student                    | 3. <input type="checkbox"/> Returning to CCC, after attending other college(s) |
| 2. <input type="checkbox"/> First time at CCC, attending another colleges | 4. <input type="checkbox"/> Returning to CCC without attending other colleges  |

Please initial and date \_\_\_\_\_

**NEW STUDENTS**

Remember to sign page 1, initial and date above, and fax or mail both pages as indicated at bottom of page 1.