

Full Legal Last Name

Middle

Legal Permane	ent Street A	ddress	Apt. No.								
City							State	Zip Code			
Mailing Address (if different from above). Include P.O. Box, City and Zip Code.  — — — Check One:											
	-	<del>-</del>			•	-	Check O				
Area Code		Telephone	Number	Birth Month	Day	Year		Male Female			
SMC/Emeritus	Identification	on No.	Email	(required for enrollr	ment)		Email me information, and				
YOU MUS	T ANSWE	R THE FC	LLOWING	QUESTIONS EA	CH TIME	YOU REGI	STER.				
Term: Fall	Winter	Spring	Summer	Have yo	ou enrolle	ed in SMC or	Emeritus Classes befor	e? YES NO			
Have you res	ided in Cal	ifornia for	at least two	years? YES NO	If NO	, since					
If NO, last leg				•							
Have you been disqualified or dismissed from a college? YES NO											
If yes, enter college name?							and year				
Section No	0.	Course N	lames	Time/Day	Section	n No.	Course Names	Time/Day			

Full Legal First Name

# MY DONATION OF \$ TO SUPPORT EMERITUS IS ENCLOSED.

**Emergency Contact** 

Emergency Telephone No.

Relationship to Student

### **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:

WRITE ONE C	CODE NUMBER IN EA	CH BOX AT THE RIC	GHT: (The State red	quires this inform	ation for new stud	dents.)			
Ethnic	African American	3. White	6. South American	9. Cambodian	12. Japanese	15. Vietr	namese	18. Hawaiian	
Background	2. American Indian/	4. Mexican/Chicano	7. Hispanic Other	10. Chinese	13. Korean	16. Asiai	n Other	19. Samoan	
	Alaskan Native	5. Central American	8. Asian Indian	11. Filipino	14. Laotian	17. Guar	manian	20. Pacific Islander	
Citizenship	1. United States	3. T	emporary Resident	5. S	tudent F1 or M1 Visa	7	. Unknown		
	2. Permanent Resident	4. R	efugee/Asylee	6. O	Other (specify below):	8		udent taking online m home country.	
	If you selected No. 2,3,4,5	5,or 6, write in your Perr	Issue Date:						
Enrollment	1. First time college stud	<ol><li>Returning</li></ol>	3. Returning to SMC, last attended another college.			5. Continuing from a previous semester.			
Status	2. First time at SMC, atte	4. Returning	4. Returning to SMC, last attended SMC.			6. Special admit, currently enrolled in K-12.			
Educational	Year last attended school:	:				5. Received His	th School Pro	ficiency Certificate	
Level	CERTIFICATE, DEGREE OF	R GRADUATED FROM:	2. Adult Dipl	2. Adult Diploma			6. Foreign Secondary School Diploma		
	0. Non-high school gradu			3. High school graduate – No college degree			7. Earned College Associate Degree		
	Advanced high school	_	4. Passed GED test			8. Earned College Bachelor Degree or higher			

## 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.