

SAN DIEGO CITY COLLEGE  
 EXTENDED OPPORTUNITY PROGRAMS AND SERVICES (EOPS)  
 1313 PARK BLVD., ROOM A-354, SAN DIEGO, CA 92101  
 Office (619) 388-3209 ~ Fax (619) 388-3163 ~ Email cityeops@sdccd.edu  
**2019-2020 New Student Application**

CSID# \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Telephone \_\_\_\_\_ (home/cell)

1. Income you receive - (Check all that apply)  
 Employment \_\_\_\_\_ TANF/CalWORKs \_\_\_\_\_ Social Security Income \_\_\_\_\_ Other \_\_\_\_\_
2. Marital Status (check one): Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_
3. Ethnicity (Optional) \_\_\_\_\_
4. Are you a current or former Foster Youth? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, is your age between 18 and 26 \_\_\_\_\_  
 Was your dependency (or wardship) established (or continued) on or after your 16<sup>th</sup> birthday? \_\_\_\_\_
5. Do you have a High School Diploma or GED? Yes \_\_\_\_\_ No \_\_\_\_\_ High School GPA \_\_\_\_\_
6. Have you completed any college courses? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Have you completed the San Diego City College Admissions Application? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Number of units you plan to take: Fall 2019 \_\_\_\_\_ Spring 2020 \_\_\_\_\_
9. Have any of your parents earned a 4-year college degree? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you answered "Yes" what is that person's relationship to you? \_\_\_\_\_
10. Have you completed the 2019-2020 Free Application for Federal Student Aid (FAFSA) or CA Dream Act? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Have you attended other colleges outside of our District? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you answered "Yes" please provide information for ALL colleges that you attended. Transcripts for these colleges must be submitted directly to the San Diego Community College District for official evaluation.

College Name	Dates Attended	Units Completed	Were you an EOPS Student?	
			Yes	No

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**THIS SECTION FOR EOPS STAFF USE ONLY.**

NEW/CONT RES YES \_\_\_ NO \_\_\_ (0F) # OF UNITS FALL \_\_\_ SPRING \_\_\_ <12 (0J) GPA: \_\_\_\_\_  
 R/W/M: \_\_\_ / \_\_\_ / \_\_\_ ; CUM UNITS \_\_\_\_\_ REM UNITS \_\_\_\_\_ >70 (0H) <6 SEM YES \_\_\_ (0K) NO \_\_\_  
 # OF SEM \_\_\_\_\_ ED DISADV YES \_\_\_ A=ENG/MAT B=NHS C=<2.5HSPA D=(REM) E=OTHER \_\_\_\_\_ NO \_\_\_ (0I)  
 CCPG/BOG = Yes \_\_\_ No \_\_\_ (0G); FA FILE COM/NC; OU PCK \_\_\_ / \_\_\_  
 TECH \_\_\_\_\_ DATE \_\_\_\_\_ REVISION: OU CHANGED TO \_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_  
 COMMENT \_\_\_\_\_  
 DIR'S APPROVAL: YES \_\_\_ NO \_\_\_ REASON \_\_\_\_\_ INITIAL & DATE \_\_\_\_\_