

Mail To: Emeritus College, 1227 Second Street, Santa Monica, CA 90401

Full Legal Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Full Legal First Name: \_\_\_\_\_  
 Legal Permanent Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address (if different from above). Include P.O. Box, City and Zip Code: \_\_\_\_\_

Area Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Birth Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
 Check One:  Male  Female  Winter  Spring  
 Fall

**THIS APPLICATION IS FOR:**  Summer  Fall  Winter  Spring  
**YOU MUST ANSWER THE FOLLOWING QUESTIONS EACH TIME YOU REGISTER.**  
 Have you enrolled in SMC or Emeritus Classes before? YES  NO   
 Have you resided in California for at least two years? YES  NO  If NO, since \_\_\_\_\_  
 If NO, last legal resident address: \_\_\_\_\_  
 Have you been disqualified or dismissed from a college? YES  NO   
 If yes, enter college name: \_\_\_\_\_ and year \_\_\_\_\_

Section No.	Course Names	Time/Day	Section No.	Course Names	Time/Day

**MY DONATION OF \$ \_\_\_\_\_ TO SUPPORT THE EMERITUS COLLEGE IS ENCLOSED.**  
 Emergency Contact: \_\_\_\_\_  
 Emergency Telephone No.: \_\_\_\_\_

**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:** \_\_\_\_\_

**YES!** Please include my name in the list of Friends of Emeritus College. I have enclosed my check for \$ \_\_\_\_\_ to help support the educational opportunities at Emeritus.  
 Check payable to: SMC FOUNDATION (write "Emeritus" in the memo line)  
 \$1,000 and above The Clock Tower Society  
 \$500 to \$999 Partner  
 \$250 to \$499 Colleague  
 \$100 to \$249 Sponsor

I am considering including Emeritus College in my will. Please contact me with information on The Heritage Club.  
 I am interested in learning about the tax benefits of estate planning and planned giving. Please contact me.

PLEASE PRINT:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**WRITE ONE CODE NUMBER IN EACH BOX AT THE RIGHT: (The State requires this information for new students.)**

<b>Ethnic Background</b>	1. African American 2. American Indian/Alaskan Native 3. White 4. Mexican/Chicano 5. Central American	6. South American 7. Hispanic Other 8. Asian Indian 9. Cambodian 10. Chinese 11. Filipino	12. Japanese 13. Korean 14. Laotian 15. Vietnamese 16. Asian Other 17. Guamanian 18. Hawaiian 19. Samoan 20. Pacific Islander
<b>Citizenship</b>	1. United States 2. Permanent Resident 3. Temporary Resident 4. Refugee/Asylee	5. Student F1 or M1 Visa 6. Other (specify below): _____	7. Unknown 8. Foreign student taking online classes from home country.
<b>Enrollment Status</b>	If you selected No. 2,3,4,5, or 6, write in your Permanent Resident or Visa No.: _____ Issue Date: _____		
<b>Educational Level</b>	Year last attended school: _____ CERTIFICATE, DEGREE OR GRADUATED FROM: 0. Non-high school graduate 1. Advanced high school	2. Adult Diploma 3. High school graduate – No college degree 4. Passed GED test	5. Received High School Proficiency Certificate 6. Foreign Secondary School Diploma 7. Earned College Associate Degree 8. Earned College Bachelor Degree or higher