

Transfer Partnerships Program

A Bridge to Your Future

 **UC SANTA CRUZ EDUCATIONAL PARTNERSHIP CENTER**
 University of California, Santa Cruz
 1156 High Street
 Santa Cruz, CA 95064
 epc.ucsc.edu
 (831) 459-1790

 Last Name (Please Print Clearly) First Name Middle Initial Today's Date

 Mailing Address City State Zip Code

(_____) _____
 Telephone Number Date of Birth Female _____
 Male E-Mail (Please Print Clearly)

 Student ID Number Social Security Number (optional)
 I authorize institutions at which I am/was enrolled to share academic and other information with the University of California for the purposes of advising and program participation. **I permit my name, photograph, and quotes to be used for program promotional purposes.**

 Signature Date

_____ Community College presently attending (or last attended) _____ Colleges previously attended High School _____ Year graduated ____	Major interest / career objective: _____ _____ _____
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College Level (Check one): <input type="checkbox"/> Freshman (less than 30 semester / 45 quarter units) <input type="checkbox"/> Sophomore (more than 30 semester / 45 quarter units)	UC campuses of interest: <input type="checkbox"/> Berkeley <input type="checkbox"/> Los Angeles <input type="checkbox"/> Merced <input type="checkbox"/> Davis <input type="checkbox"/> Santa Cruz <input type="checkbox"/> Riverside <input type="checkbox"/> Irvine <input type="checkbox"/> Santa Barbara <input type="checkbox"/> San Diego
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Anticipated Transfer Date (Check one and indicate year) <input type="checkbox"/> Fall Year _____ <input type="checkbox"/> Winter	CSU/Independent colleges of interest: _____
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Ethnicity:

<input type="checkbox"/> African American / Black	<input type="checkbox"/> Chinese/Chinese American	<input type="checkbox"/> Japanese / Japanese American	<input type="checkbox"/> Other
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Other Spanish American / Latino	<input type="checkbox"/> Declined to state / Don't Know
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Filipino / Filipino American	<input type="checkbox"/> Korean / Korean American	
<input type="checkbox"/> Vietnamese/Vietnamese American	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Mexican / Mexican American	

Program Affiliation (Check all that apply):

Advancement Via Individual Determination (**AVID**)

Disabled Students Programs and Services (**DSPS**)

Early Academic Outreach Program (**EAOP**)

Extended Opportunity Programs and Services (**EOPS**)

Mathematics Engineering Science Achievement (**MESA**)

Puente Program

Re-Entry Services

Transfer Center

TRIO Student Support Services

Upward Bound

Other (specify): _____

Parent's Highest Level of Education (Check all that apply)

<i>Father</i>	<i>Mother</i>
<input type="checkbox"/> No High School Diploma	<input type="checkbox"/> No High School Diploma
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> High School Diploma
<input type="checkbox"/> Some 4-Year College	<input type="checkbox"/> Some 4-Year College
<input type="checkbox"/> University Degree	<input type="checkbox"/> University Degree

Language Spoken at Home (Check all that apply)

English Asian language group

Spanish Other non-English

Notes: