

# 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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<b>College Level</b> (Check one): <input type="checkbox"/> Freshman (less than 30 semester / 45 quarter units) <input type="checkbox"/> Sophomore (more than 30 semester / 45 quarter units)	<b>UC campuses of interest:</b> <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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<b>Anticipated Transfer Date</b> (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:

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