

Transfer Partnerships Program

A Bridge to Your Future



UC SANTA CRUZ EDUCATIONAL PARTNERSHIP CENTER

University of California, Santa Cruz
2901 Mission Street Extension, Suite A
Santa Cruz, CA 95060

<http://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:

College Level (Check one):

- Freshman (less than 30 semester / 45 quarter units)
- Sophomore (more than 30 semester / 45 quarter units)

UC campuses of interest:

- Berkeley Los Angeles Merced
- Davis Santa Cruz Riverside
- Irvine Santa Barbara San Diego

Anticipated Transfer Date (Check one and indicate year)

- Fall Year _____
- Winter

CSU/Independent colleges of interest:

Ethnicity:

- African American / Black Chinese/Chinese American Japanese / Japanese American Other
- Pacific Islander White / Caucasian Other Spanish American / Latino Declined to state / Don't Know
- American Indian/Alaska Native Filipino / Filipino American Korean / Korean American
- Vietnamese/Vietnamese American Other Asian 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**)
- Punte 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