

Transfer Partnerships Program

A Bridge to Your Future

Attachment A



UC SANTA CRUZ EDUCATIONAL PARTNERSHIP CENTER

University of California, Santa Cruz

1156 High Street

Santa Cruz, CA 95064

<http://epc.ucsc.edu/tpp>

(831) 459-1778

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)

Community College 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
CSU/Independent Colleges of Interest:

Anticipated Transfer Date (Check one and indicate year)
 Fall Year _____
 Winter Spring

Ethnicity:
 African American/Black Filipino/Filipino American Pacific Islander Other Spanish American/Latino
 American Indian/Alaska Native Japanese/Japanese American Vietnamese/Vietnam American Other
 Chinese/Chinese American Korean/Korean American White/Caucasian Other
 East Indian/Pakistani Mexican/Mexican American Other Asian Declined to state

Program Affiliation (Check all that apply):
 Cal-SOAP
 Disabled Students Programs and Services (DSPS)
 Early Academic Outreach Program (EAOP)
 Extended Opportunity Programs and Services (EOPS)
 Mathematics Engineering Science Achievement (MESA)
 Puente Program
 Veteran
 Transfer Center
 TRIO Student Support Services
 Foster Youth
 Other (specify): _____

Parent's Highest Level of Education (Check all that apply)
Father **Mother**
 No High School Diploma No High School Diploma
 High School Diploma High School Diploma
 Some College no BA Some College no BA
 4 year College Degree or Higher 4 year College Degree or Higher

Language Spoken at Home (Check all that apply)
 English Asian language group
 Spanish Other non-English

Are you Eligible for the BOG waiver? Yes No

Official use only: BTP Year _____

EPC Scholarship Recipient Year _____ MG 1-12