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Please confirm your application is complete and accurate at the bottom of this page.

Note: All tabs must be checked complete before you can confirm.

Enrollment Information

Term	Spring 2019
Educational Goal	Educational development
Major/Program area of study	Music

Account/Mailing Address

OpenCCC Account

Name	Jane W. Morales
Permanent Address	28 Orchard Street Minneapolis, MN 55410
Previous Name	
Preferred Name	
Main Phone	(952) 915-3328 Ext:
Second Phone	Ext:
Email	drcompSERVICE@gmail.com
Social Security Number	***-**-****
Date of Birth	July 11, 1998

Mailing Address

Same as My Account	Yes
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Personal Information

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2:	or equivalent) Bachelor's degree (for example: BA, BS)
Hispanic/Latino	No
Race	Asian: Indian

Education

Enrollment Status as of 01/13/2019	First-time student in college (after leaving high school)
High School Education Level as of	Not a graduate of, and no longer enrolled in high school
Neither	Received a diploma or certificate of completion in California
Neither	Attended high school in California for three or more years
Grade Point Average	
Highest English Course Taken	
Highest English Course Grade	
Highest Math Course Taken	
Highest Math Taken Grade	
College Education Level as of 01/13/2019	No degree

Citizenship/Military

Citizenship Status	U.S. Citizen
Military Status as of 01/13/2019	None apply to me

Residency

Yes	Lived in California Continuously since 01/13/2017
No	Full-time employee, or a spouse or dependent of a full-time employee of a California college or university
No	Full-time credentialed employee of a California public school enrolling in college for purposes of fulfilling credential-related requirements
No	Employed as a seasonal agricultural for at least a total of two months of each of the past two years
No	At any time in the last 24 months have you been determined to be homeless?
No	Have you ever been in court-ordered foster care?
No	Since 01/13/2017 declared residency in another state for state income tax purposes
No	Since 01/13/2017 voted or registered to vote in another state

No	Since 01/13/2017 declared residency at an out-of-state college or university
No	Since 01/13/2017 petitioned for a lawsuit or a divorce as a resident in another state

Needs and Interests

Yes	Comfortable reading and writing English
Yes	Would like information about money for college
No	Receive TANF/CalWORKs, SSI, or General Assistance

Programs and services in which you are interested

No	Academic Counseling/Advising
No	Athletics/Intercollegiate Sports
No	Basic Skills (reading, writing, math)
No	CalWORKs
No	Career Planning
No	Child Care
Yes	Counseling - Personal
No	DSPS - Disabled Student Programs and Services
No	EOPS - Extended Opportunity Programs and Services
No	ESL - English as a Second Language
Yes	Health Services
No	Housing Information
No	Employment Assistance
Yes	Online Classes
No	Re-entry Program (after 5 years out)
No	Scholarship Information
No	Student Government
No	Testing, Assessment, Orientation
No	Transfer Services
No	Tutoring Services
No	Veterans Services

Consent

Yes	I authorize the Chancellor's Office, California Community Colleges, and the community colleges I am attending to release personal information contained in my education records, including my Social Security
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Number, for the purposes described in
the Full Statement of Consent.

**I have reviewed this application and confirm it is
complete and accurate**