

SUBE Application Form

Student Record

Student ID Number

Name *First* *Middle* *Last*

Number and Street

City *Zip*

() ()
Phone *Home* *Work*

Best time to phone

E-mail

Will you be enrolled full-time (12 units) at Rio Hondo College for the next academic year? Yes No

What is your current GPA? _____ Have you decided on your major? Yes No

If yes, what is it?

What other student support programs are you involved with at Rio Hondo College? _____

Optional

Date of Birth *Ethnicity*

Marital status

Number and age(s) of dependents

CERTIFICATION

I certify that all the information provided is complete and accurate to the best of my knowledge. I certify that I will be enrolled as a full-time student for the next academic year and that I plan to transfer to a 4-year institution.

Signature

Date