



El Camino College-Compton Center

First Year Experience Learning Communities

First Year Experience Office
Transfer Center (D-29)
1111 E. Artesia Blvd.
Compton, CA 92201
Telephone: (310) 900-1600 ext. 2769
Fax: (310) 900-1697

Dear Prospective Students: Thank you for your interest in the First Year Experience Program. If you would like more information please fill out the interest form below and the First Year Experience office will contact you to set up an appointment to meet with a counselor. **PLEASE RETURN THE COMPLETED FORM TO TRANSFER CENTER (D-29). FOR MORE INFORMATION PLEASE CALL (310) 900-1600 ext. 2769**

Student Name: _____ Email Address: _____

Home Address: _____ (City) _____ (Zip Code) _____

Home Phone #: _____ Student ID#: _____
(area code) (home phone)

Cell Phone #: _____ Work Phone #: _____
(area code) (home phone) (area code) (home phone)

Date of Birth: _____ Gender: Male _____ Female _____

Language Spoken at Home: _____ Ethnicity (optional): _____

Current School: _____ Year of H.S. Graduation: _____

I. BACKGROUND

(Please Check One)

Are you the first person in your family to go to college? Yes No

Have you applied for any financial aid? Yes No
For example: Grants, Loans, Work Study or Scholarships

Are you planning to work while attending college? Yes No
If so, how many hours per week? _____

Can you take classes in the morning? (8:00 a.m.-12:00 p.m.) Yes No
If you checked "No", can you only take classes in the evening (5:00pm – 10:00pm)? Yes No
Can you take classes in the afternoon? (1:00pm – 4:00pm) Yes No

Do you want more information about the following? (Check all that interest you)

<input type="checkbox"/> Financial Support	<input type="checkbox"/> How to Set Goals	<input type="checkbox"/> How to Improve Study Skills	<input type="checkbox"/> Student Success
<input type="checkbox"/> Clubs & Organizations	<input type="checkbox"/> Career Exploration	<input type="checkbox"/> Time Management	<input type="checkbox"/> College Major or Interest
<input type="checkbox"/> Personal/Family Issues	<input type="checkbox"/> College Resources	<input type="checkbox"/> Transfer to University	<input type="checkbox"/> Motivation
<input type="checkbox"/> College Policies	<input type="checkbox"/> Self-Confidence	<input type="checkbox"/> Stress Management	<input type="checkbox"/> Child Care
<input type="checkbox"/> Other: (please list) _____			

FOR OFFICE USE ONLY

Verified: _____	Recommendation: _____
English: _____	_____
Reading: _____	_____
Math: _____	_____

II. GOALS

Do you plan to transfer to a four-year university? Yes No If yes, which universities interest you?

1. _____ 2. _____ 3. _____

If you could choose three careers, what would they be?

(Don't think about grades, skills, formal education or family resources at this time.)

1. _____ 2. _____ 3. _____

AGREEMENT

If I am accepted into the *FIRST YEAR EXPERIENCE/Learning Communities* program, I will commit myself to the following:

- MAKE MY EDUCATION A PRIORITY.
- DO MY BEST TO COMPLETE THE ENTIRE SCHOOL YEAR.
- TAKE AT LEAST 2 CLASSES PER SEMESTER.
- MAKE A REAL EFFORT NOT TO MISS ANY CLASSES.
- ONLY DROP A CLASS AFTER TALKING TO MY COUNSELOR.
- COMPLETE MY CLASS ASSIGNMENTS AS REQUIRED.
- PARTICIPATE IN OCCASIONAL EVENING AND SATURDAY PROGRAMS.

I authorize communication through email

Yes No

I release the use of program photographs for publicity purposes.

Yes No

Student Signature: _____

Date: _____

First Year Experience Office: D-29
(310) 900-1600 ext. 2769

Efren Rangel, Counselor
Office: Transfer Center (D-29)
310-900-1600 ext. 2769
E-Mail: erangel@elcamino.edu

PLEASE RETURN TO:
El Camino College-Compton Center
FIRST YEAR EXPERIENCE / LEARNING COMMUNITIES

Attn: Efren Rangel
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