

SAN DIEGO REGIONAL PUBLIC SAFETY TRAINING INSTITUTE
OFFICIAL ENROLLMENT SLIP

Please type or **print clearly** and answer each field completely to process enrollment/billing.

Legal Last Name _____

Course Number _____

Legal First Name _____

Sponsoring Agency

Middle Name _____

- Carlsbad PD
- Chula Vista PD
- Coronado PD
- El Cajon PD
- Escondido PD
- La Mesa PD
- National City PD
- Oceanside PD
- SDCCD PD
- San Diego PD
- SD Harbor PD
- SD Sheriff's Dept

- Cal Fire
- SD Fire

- Other** -see below

Other Names Used (if any) _____

10 Numerical Digit
SDCCD Student ID# _____

Date of Birth _____

Social Security # _____

Email Address _____

Phone Number _____

Signature

Date

If your sponsoring agency was listed above, please submit your form. If it was not listed, please complete ONE of the sections below.

We will do our best to coordinate tuition fees with your agency. However, if we are unable to successfully collect payment, your student records may be affected.

➤ **Sponsoring Agency Billing Information**

➤ **Self Pay / Un-sponsored**

Name of Agency _____
 Street Address _____
 City _____
 State _____
 ZIP Code _____
 Contact Name _____
 Phone Number _____
 Email Address _____

OR

I am financially responsible for any and all fees associated with this course.

Signature

Date

Please **type** or print **clearly** and answer each field completely to process enrollment/billing.

- Legal Last Name:** Enter Legal Last Name, as it appears on your government issued identification documents.
- Legal First Name:** Enter Legal First Name, as it appears on your government issued identification documents.
- Middle Name:** Enter Legal Middle Name, as it appears on your government issued identification documents.
- Other Names Used:** Enter shortened, nicknames, or former last names that have previously been used, if any.

SDCCD Student ID#: Enter your NUMERICAL 10 Digit User/Student ID# (ex 55500##### or 000#####)

Please note: User/Student ID number does **not** include any alpha characters.

Troubleshoot

1. Verify that your application was successfully submitted by visiting [CCCApply](#) and checking your “My Applications” tab. Your application should be listed under the Submitted Applications section. If it is not, please submit an application to San Diego Miramar College ASAP.
Please note that applications are only valid for one year.
2. Check your email (and spam folder) for a “Welcome to mySDCCD” invitation sent from studentsrvcs@sdccd.edu.
3. If you are still unable to locate your User/Student ID#, **please text your full name and Date of Birth** to (858) 522-0188 and request your Student ID.

- Date of Birth:** Enter your birthdate, formatted mm/dd/yy.
- SSN:** Enter your social security number.
- Email Address:** Enter the same email address that was used in your application or student record.
- Phone Number:** Enter your phone number that was used in your application or student record.
- Signature:** Sign to certify that the information provided is true to the best of your knowledge and authorizes Admissions Representative to enroll student/recruit into course(s).
- Date:** Enter current date.

Course Number: If provided to you.

Sponsoring Agency: Check your sponsoring agency, (if listed)

IF you are Self-sponsored OR your agency is not listed, Select “Other” and complete ONE of the following sections, as it relates to your sponsorship.

Agency Billing Info: If your sponsoring agency was not listed, please enter the agency’s billing and contact information.

Self-Pay: If you are Self-sponsored (responsible for your own fees), a signature and date are required. Upon enrollment, further instructions will be emailed to you separately.

Admissions Contact Information:

Rose Marine | Text (858) 522-0188, Phone (619) 388-7575 or Email rmarine@sdccd.edu