



Solano College Puente Project Student Information Sheet

Name:	Solano Student ID #:
Address:	Phone Number: ()
City:	Zip Code:

Permanent Address *(Address of parent or someone who will always know where you are.)*

Name:	Street:
City:	Zip Code:
	Relationship:

E-Mail Address:			
High School Graduate?	Yes	No	
Name of High School:		Year Graduated:	
Other Colleges Attended:			
College Units Completed:			
Please describe your career goal:			
			Major:
Assessment Scores:	Reading	Math	English
Do you plan to transfer to a four-year university?	Yes	No	Don't know
Are you working while attending school?	Yes	No	
Please describe why you want to be in the Puente program:			

*Answer these questions is voluntary. The information will remain confidential and will be used to assist you in developing an educational plan to meet your academic goals. **IMPORTANT: SEE NEXT SIDE.***

(Front & Back Must Be Completed - Over Please)

Intent to Register

I agree to make a full commitment to the Puente program. This commitment includes the following:

- Enroll in the two-course English writing class sequence (one year).
- Enroll in the paired counselor guidance class.
- Attend all class sessions regularly.
- Participate in mentoring activities.
- Participate in occasional evening and Saturday program activities.

Signature: _____ Date: _____

PLEASE RETURN TO:

Abla Christiansen
Counseling Department
Solano Community College
4000 Suisun Valley Road
Fairfield, CA 94534
Email: achristiansen@solano.edu 707-864-7101

FOR OFFICE USE ONLY

Attended Orientation: Date: _____
Counselor Interview: Date: _____
Form Received: Date: _____

By: _____

Notes:
