

APPLICATION FOR ADMISSION

Semester Applying For:

Spring Summer Fall Year 2019

Name:

Last First M.I.

Previous Last Name

(If attended under another name): _____

Social Security Number: _____ - _____ - _____
(Not required)

Date of Birth: _____ / _____ / _____
Month Day Year

Gender: Male Female

Current Residence Address: (Do NOT use P.O. Box)

Number and Street Apt.

City State Zip

Lived here since: _____ / _____ / _____
Month Day Year

Mailing Address (If different from above):

Number and Street Apt.

City State Zip

E-mail: _____

Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Race/Ethnicity:

Per U.S. Department of Education guidelines, colleges are required to collect this racial and ethnic data.

Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race. Yes No

If Yes, check one or more:

- Mexican, Mexican-American, Chicano Central American
 South American Hispanic: Other

What is your race? Check one or more:

- | | |
|-------------------------------------|--|
| Asian: | Pacific Islander: |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Black – or African American |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White |
| <input type="checkbox"/> Filipino | |
| <input type="checkbox"/> Other | |

Enrollment Status (Mark only one):

- First time student to be enrolled at any college.
 First time transfer student – attended other college(s), but first time at a VCCCD College.
 Returning student.
 Special Admissions student – currently enrolled in K-12.

Educational Goal (Mark only one):

- Earn AA/AS & transfer
 Transfer without earning an AA/AS
 Earn an AA/AS without transfer
 Earn a Vocational Certificate without transfer
 Formulate Career Plans/Goals
 Acquire job skills for a new career
 Update job skills to advance in current job
 Maintain Certificate or License
 Educational development
 Improve basic skills
 Complete credits for High School Diploma or GED
 Undecided on goal
 University student taking courses to meet requirements

Proposed Major: Undeclared

Education Level (Highest level attained):

High School History:

- Not a graduate & no longer enrolled in High School
 Concurrently enrolled in K-12
 Received High School Diploma
 Received GED or HS Certificate of Completion
 Received CA High School Proficiency Certificate
 Received Foreign Secondary School Diploma/Certificate
 Currently enrolled in adult school.

College History:

- Received an Associate Degree
 Received a Bachelor Degree or higher
If applicable, year earned: _____

Education History:

High School:

Name: _____

City: _____ State: _____

Year Graduated: _____

Prior Colleges Attended:

Name	City/State	Dates Attended

Name	City/State	Dates Attended

Declaration of Legal Residence

If additional information is needed to determine your residence status, you will be required to complete a supplemental residence questionnaire and present evidence in accordance with Education Code Sections 68040 et seq. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California Residence lies with the student. Failure to present such proof will result in a classification of non-resident. All students classified incorrectly as residents are subject to reclassification and payment of all nonresident fees.

When did your present stay in California begin?

_____/_____/_____
Month Day Year

Citizenship Status:

- U.S. Citizen
- Permanent Resident
- Temporary Resident
- Refugee/Asylee
- Student Visa (F-1, or M-1)
- Other Visa Type
- Unknown

If not a U.S. citizen:

_____/_____
Country of Birth Country of Citizenship

*Alien Registration Number:

*Type of Visa (If applicable):

Alien Registration/Visa Issue Date:

_____/_____/_____
Month Day Year

Alien Registration/Visa Expiration Date:

_____/_____/_____
Month Day Year

Students must present proof of status.

In the last 2 years have you:

- Declared residency in another state for income tax purposes? Yes No
- Registered to vote in another state? Yes No
- Declared residency at an out-of-state college or university? Yes No
- Petitioned for a lawsuit or divorce as a resident in another state? Yes No

Are you a full-time employee, or spouse, or dependent of a full-time employee of any of the following colleges/universities?

- California Community College Yes No
- California State University or College
- University of California
- Maritime Academy Yes No

Are you a full-time credentialed employee of a California public school enrolling in college for purposes of fulfilling credential-related requirements? Yes No

Have you been employed as a seasonal agricultural worker for at least a total of two months of each of the past two years? Yes No

U.S. Military Status:

- None apply to me.
- Veteran (Active or Reserve) discharged within the last year.
- Veteran (Active or Reserve) discharged over a year ago.
- Currently in Reserves or National Guard (Non-active).
- Dependent, spouse, or child of currently active military.

Military Member's State of Legal Residence (Military): _____

Military Member's Home of Record: _____

Is the member currently station in California? Yes No

Have you ever been in court ordered Foster Care? Yes No

If Yes, please select one of the following:

- I am currently in Foster Care in California
- I was previously in Foster Care in California, and aged out or emancipated from the system.
- I Am currently in Foster Care in a system outside California
- I was previously in Foster care in a system outside California, and aged out or emancipated from the system.
- I was previously in Foster Care, but did not age out or emancipate from the system.

To be completed by all unmarried students under 19.

Name of living Parent or Guardian _____

Legal Address _____
Number & Street City State Zip

If less than 2 years, provide previous address from past 2 years.

Number & Street City State Zip

I certify under penalty of perjury that the information on this application is correct and I understand that any falsification or failure to report change in residence may result in my dismissal.

Student Signature

Date