

ADMISSIONS AND RECORDS OFFICE

5055 Santa Teresa Blvd. Gilroy CA 95020

Phone 408.848.4735 • Fax 408.846.4940 • Website [www.gavilan.edu](http://www.gavilan.edu)

# APPLICATION FOR ADMISSION

This application is to be completed by new students and those students who have been absent from Gavilan for two (2) or more semesters. Completed applications should be submitted to the Admissions and Records Office *at least ten (10) business days prior to registering for classes.*

## Welcome

Welcome to Gavilan College!

Students and teaching are our top priorities.

Whether you are preparing for transfer to a four-year college or university, seeking a degree or certificate, taking classes to improve skills or investigate a new career, we are pleased that you have chosen Gavilan.

**PLEASE NOTE:** To determine if your application has been processed yet, follow these instructions:

1. Wait at least 8 business days, and then go to <https://my.gavilan.edu>
2. Click on the “get your GAV ID” link.
3. Enter your last name and first name exactly as you indicated on the application
4. Enter your social security number (SSN)\*
5. Enter your date of birth

**RESULT:** If your application has been processed, the next screen you see will indicate your Gavilan ID (G00\*\*\*\*\*) and a temporary PIN. You may then login and set up your personal PIN and Hint question and answer.

If you are unable to arrive at the next screen

- A. Your application has not been processed yet, wait a day and try again OR
- B. You did not include a SSN on your application (go to the Admissions & Records Office for assistance) OR
- C. You did not type in your last name/first name exactly as it appears on your application—try again, (or go to the Admissions & Records Office for assistance).

\* A Social security number is required to login to MyGav. If you do not have, or do not wish to use, a social security number, you must go in person to the Admissions & Records office for assistance.

**To Our Applicants:** In compliance with the Student Right-to-Know and Campus Security Act of 1990 (Public Law 101-542) the annual Campus Security Report, transfer and completion rates are available on the college website at [www.gavilan.edu/safety](http://www.gavilan.edu/safety) and [www.gavilan.edu/research](http://www.gavilan.edu/research). Paper copies of the Campus Security Report are available upon request.

You may find transfer and completion rates for other California community colleges online at <http://srtk.cccco.edu/index.asp>.

Note: Dependents of service-connected disabled or service-connected deceased veterans may be eligible for a waiver of fees. Contact the Veterans Coordinator in the Office of Financial Aid on the Gavilan campus or your local County Veteran Service Office for information and assistance.

# GAVILAN MAJORS

Use to complete #11 on the Gavilan College Application.

Degree/Certificate (currently offered)	CP	CA	AA	AS
Administration of Justice				
Law Enforcement Opt 1		<input type="checkbox"/>	<input type="checkbox"/>	
Law Enforcement Opt 2 (Police Acad.)		<input type="checkbox"/>	<input type="checkbox"/>	
Allied Health				
Nursing: Registered Nursing		<input type="checkbox"/>		<input type="checkbox"/>
Art			<input type="checkbox"/>	
Aviation Maintenance Technology		<input type="checkbox"/>		<input type="checkbox"/>
Airframe		<input type="checkbox"/>		
Powerplant		<input type="checkbox"/>		
Biological Science				<input type="checkbox"/>
Biotechnology		<input type="checkbox"/>		
Business				
Accounting		<input type="checkbox"/>	<input type="checkbox"/>	
Business		<input type="checkbox"/>	<input type="checkbox"/>	
Business Computer Applications		<input type="checkbox"/>		
Computerized Accounting	<input type="checkbox"/>			
Economics		<input type="checkbox"/>		<input type="checkbox"/>
General Office Skills		<input type="checkbox"/>	<input type="checkbox"/>	
Medical Office		<input type="checkbox"/>	<input type="checkbox"/>	
Real Estate		<input type="checkbox"/>	<input type="checkbox"/>	
Retail Management		<input type="checkbox"/>	<input type="checkbox"/>	
Carpentry Apprenticeship		<input type="checkbox"/>	<input type="checkbox"/>	
Child Development			<input type="checkbox"/>	
Early Childhood Education		<input type="checkbox"/>		
Early Intervention Assistant		<input type="checkbox"/>		
Family Child Care		<input type="checkbox"/>		
School Age Child Care		<input type="checkbox"/>		
Span Lang Early Childhood Education	<input type="checkbox"/>			
Communication Studies		<input type="checkbox"/>	<input type="checkbox"/>	
Interpersonal Communication		<input type="checkbox"/>		
Computer Graphics & Design				
Adv. Technical Computer Graphics		<input type="checkbox"/>		<input type="checkbox"/>
Comp. Graphic/Environ. Design		<input type="checkbox"/>		<input type="checkbox"/>
Tech. Desktop Publish & Graphics		<input type="checkbox"/>		<input type="checkbox"/>
Computer Science & Info. Systems				
Business Computer Applications		<input type="checkbox"/>		<input type="checkbox"/>
Comp. Prep for Bioinformatics		<input type="checkbox"/>		<input type="checkbox"/>
Computer Hardware	<input type="checkbox"/>			
Computer Networking	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Computer Programming		<input type="checkbox"/>		<input type="checkbox"/>
Programming for the Internet		<input type="checkbox"/>		<input type="checkbox"/>
Scientific Programming		<input type="checkbox"/>		<input type="checkbox"/>
UNIX Operating System		<input type="checkbox"/>		<input type="checkbox"/>
Cosmetology		<input type="checkbox"/>		<input type="checkbox"/>
Esthetician		<input type="checkbox"/>		
Digital Media				
Digital Art & Imaging		<input type="checkbox"/>	<input type="checkbox"/>	

Degree/Certificate (currently offered)	CP	CA	AA	AS
Digital Audio/Video		<input type="checkbox"/>	<input type="checkbox"/>	
Interactive Media and Authoring		<input type="checkbox"/>	<input type="checkbox"/>	
Digital imaging/Graphics Prod.	<input type="checkbox"/>			
Digital Print Production	<input type="checkbox"/>			
Digital Video Editor Specialist	<input type="checkbox"/>			
Web Page Production Specialist	<input type="checkbox"/>			
Drywall/Lathing Apprenticeship		<input type="checkbox"/>	<input type="checkbox"/>	
English as a Second Language (ESL)				
ESL Intermediate Level	<input type="checkbox"/>			
ESL Advanced Level	<input type="checkbox"/>			
Engineering: see Physical Sci. & Engr.				
Fine Arts, General				<input type="checkbox"/>
General Education				
CSU General Education Pattern		<input type="checkbox"/>		
IGETC		<input type="checkbox"/>		
Health Science				<input type="checkbox"/>
Liberal Arts				
Administration of Justice				<input type="checkbox"/>
Business				<input type="checkbox"/>
Computer Science & Info. Systems				<input type="checkbox"/>
Elementary Education				<input type="checkbox"/>
Expressive Arts				<input type="checkbox"/>
Language Arts & Humanities				<input type="checkbox"/>
Natural Science				<input type="checkbox"/>
Social Science				<input type="checkbox"/>
Multiple Subjects				<input type="checkbox"/>
Mathematics				<input type="checkbox"/>
Media Arts				
Broadcast Television		<input type="checkbox"/>	<input type="checkbox"/>	
Journalism				<input type="checkbox"/>
Music				<input type="checkbox"/>
Philosophy	<input type="checkbox"/>			
Physical Education				
Education Option				<input type="checkbox"/>
Sports Management Option				<input type="checkbox"/>
Sports Medicine Option				<input type="checkbox"/>
Physical Science & Engineering				<input type="checkbox"/>
Physical Sci. & Engineering: Gen. Engr.				<input type="checkbox"/>
Social Science				
Community Studies Emphasis		<input type="checkbox"/>	<input type="checkbox"/>	
Global Studies Emphasis				<input type="checkbox"/>
Spanish				
Non-Native Spkr. - Opt. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Native Speakers Option 4 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Theatre Arts				
Acting				<input type="checkbox"/>
Technical Production				<input type="checkbox"/>
Television Performance		<input type="checkbox"/>	<input type="checkbox"/>	

\* Low unit CA is pending Chancellor's Office approval. If not approved a CP will be awarded.

CP-Certificate of Proficiency    CC-Certificate of Completion    CA-Certificate of Achievement    AA-Associate of Arts Degree    AS-Associate of Science Degree

1 NAME

(As you wish it to appear on your records) Last Name First Name Middle Name

SOCIAL SECURITY #

Current Mailing Address Street City State Zip

GAVILAN ID #

G00

Home Phone Email

Cell Phone Name on Previous Gavilan Records:

2 GENDER Male Female

4 CITIZENSHIP

- 1. U.S. Citizen
2. Permanent Resident: INS Number Date Issued
3. Temporary Resident: INS Number Date Issued
4. Refugee/Asylee (verification required)
5. F-1 Student Visa
6. Other (specify)

5 MARITAL STATUS

- Unmarried
Married
Decline to State

3 BIRTHDATE Month Day Year

PLACE OF BIRTH State or Country

6 PREDOMINANT ETHNIC BACKGROUND

- B. African-American, Non-Hispanic
N. American Indian, Alaskan Native
AI Asian Islander
AM Cambodian
HR Central American
AC Chinese
F. Filipino
PG Guanamian
PH Hawaiian
AJ Japanese
AK Korean
AL Laotian
HM Mexican, Mexican American, Chicano
AX Other Asian
HX Other Hispanic
O. Other Non-White
PX Other Pacific Islander
PS Samoan
HS South American
AV Vietnamese
W. White, Non-Hispanic
XD Decline to State

7 STUDENT TYPE

- 1 NEW, never attended any college
2 NEW TRANSFER, attended college other than Gavilan
3 RETURNING, last attended Gavilan but not last semester. Date of last attendance at Gavilan:
Semester Year
Enter Appropriate Number in Box

8 EDUCATIONAL GOALS

- 1 Personal Interest, not for employment
2 Transfer to a 4-year College WITH AA, AS Degree
3 Transfer to a 4-year College WITHOUT AA, AS Degree
4 Associate Degree, General Education
5 Associate Degree, Vocational
6 Vocational Certificate
7 Discover/Formulate Career Interests, Plans, Goals
8 Job Skills, to Prepare for a New Job/Career
9 Enhance Present Job Skills
10 Maintain Certificate or License (e.g., Nursing)
11 Improve Basic Skills in English, Reading, or Math
12 Complete Credits for High School Diploma or GED
13 Undecided on Goal
Enter Appropriate Number in Box

9 STUDENT EDUCATION LEVEL (Highest level of education)

- 1 Not a graduate of, and no longer in high school
2 High school student (currently enrolled in grades 9-12)
3 Currently Enrolled in Adult School
4 Received High School Diploma \*
5 Received GED or Certificate of Equivalency/Completion
6 Received Certificate or High School Proficiency Exam
7 Foreign High School Graduate
8 Received an Associate Degree
9 Received a Baccalaureate or Higher Degree \*\*
\* Year of High School Diploma \*\*Year Degree Conferred
Enter Appropriate Number in Box

10 HIGH SCHOOL LAST ATTENDED

- 433395 Live Oak 840118 Christopher High 433363 Lick (James) 273455 Salinas
433448 Central 011449 TJ Owens (GECA) 273317 North Salinas 433002 Sta Teresa
433061 El Portal 353002 San Andreas Contin. 274405 Notre Dame (Salinas) 433790 Silver Creek
433283 Gilroy 353006 Anzar 433520 Oak Grove 443790 Watsonville
433485 Mt. Madonna 433008 Gunderson 433542 Overfelt 433895 Willow Glen
353700 San Benito 433299 Hill (Andrew) 274413 Palma 010236 Ann Sobrato
353650 San Benito Evening 433352 Leland

Name & Location of High School if Not Listed Above name city state

11 MAJOR (at Gavilan)

Major AA AS Certificate

12 DIRECTORY INFORMATION

No personal data other than directory information will be released without your written consent.

13 ETHNICITY

Not Hispanic or Latino Hispanic or Latino None

14 FOSTER YOUTH/GUARDIAN SCHOLAR

Are you or were you in foster care and interested in learning about additional resources and services you may be eligible for? Yes No

15 COLLEGES ATTENDED (List last college attended first)

College: City State Dates: from to
College: City State Dates: from to

# STATEMENT OF LEGAL RESIDENCE

Name \_\_\_\_\_ Gavilan ID# \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
City State Zip

## PART A To Be Completed By All Applicants

Have you lived in California for the past two years?

**Yes** \_\_\_\_\_ If you answered "Yes" and you are unmarried and under the age of 19, go to **Part B**, otherwise, skip to Part D.

**No** \_\_\_\_\_ If you answered "No", complete the following:

- Date present stay in California began \_\_\_\_\_
- Do you intend California to be your permanent residence? Yes \_\_\_ No \_\_\_
- Did you file California State Income Tax for the last two years? Yes \_\_\_ No \_\_\_
- Are you a public school credentialed employee? Yes \_\_\_ No \_\_\_
- Are you a seasonal agricultural employee or dependent? Yes \_\_\_ No \_\_\_
- Drivers License or ID Card? State: \_\_\_\_\_ Date Issued: \_\_\_\_\_
- Registered to Vote? State: \_\_\_\_\_ Date Registered: \_\_\_\_\_
- Vehicle Registration? State: \_\_\_\_\_ Date Issued: \_\_\_\_\_
- Other Proof of Residency in California \_\_\_\_\_
- List states lived in for the last two years and the dates:  
State: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
State: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

## PART B To Be Completed About Your Parents or Legal Guardian If You Are UNMARRIED and UNDER the AGE OF 19

I have lived continuously for the past two years with one or both of my parents and he/she/they have lived continuously for the past two years at the California address noted below:

\_\_\_\_\_ Street City State

**Yes** \_\_\_\_\_ If "Yes", Check one: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_

**No** \_\_\_\_\_ If "No" and you wish to be considered a California resident, please complete the following about your parent(s) or legal guardian:

- Did they file California State Income Tax the last two years? Yes \_\_\_ No \_\_\_
- Do(es) he/she/they have any of the following?
- Driver's License or ID card State: \_\_\_\_\_ Date Issued: \_\_\_\_\_
- Vehicle Registration? State: \_\_\_\_\_ Date Issued: \_\_\_\_\_
- Voter Registration? State: \_\_\_\_\_ Date Registered: \_\_\_\_\_
- Other Proof of Residency in California \_\_\_\_\_

## PART C To Be Completed by Active Military Persons, Dependents, or Veterans Discharged Within the Last Year

- Are you a member of the military? Yes \_\_\_ No \_\_\_
- Are you a dependent of an active military person? Yes \_\_\_ No \_\_\_
- When did your or your sponsor's tour begin in California? \_\_\_\_\_
- What is your state of legal residence on military records? \_\_\_\_\_

### Note:

Active duty military persons and/or dependents must provide a statement from the commanding officer stating the date of assignment and that the assignment to California is not for educational purposes. Dependents must also provide a letter stating that they are the dependent of a military person for the purposes of Federal Tax exemption.

## PART D To Be Signed by All Applicants

I declare under penalty of perjury that the statements submitted by me in connection with this application and for determination of residency are true and correct. All materials submitted by me for purposes of admission become the property of Gavilan College. I understand that falsification, withholding pertinent data, or failure to report changes in residence may result in my dismissal from the College.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

11/10-A&R



## INTERCOLLEGIATE ATHLETICS INTEREST FORM

Gavilan College is a member institution of the California Community College Athletic Association and competes in the Coast Conference. If you have an interest in participating as a student-athlete, please complete the following information. A representative from the athletic department will contact you. You may also visit our website at [www.gavilan.edu/athletics](http://www.gavilan.edu/athletics) for more information.

Name \_\_\_\_\_  Male  Female Year & Term \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

High School Attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

Other Colleges Attended/Year \_\_\_\_\_

I am interested in participating in the following intercollegiate sports at Gavilan College:  
Please mark all that apply: (M) indicates men's team; (W) indicates women's team.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Badminton (W)     | <input type="checkbox"/> Baseball          | <input type="checkbox"/> Basketball (M) | <input type="checkbox"/> Basketball (W) |
| <input type="checkbox"/> Cross Country (M) | <input type="checkbox"/> Cross Country (W) | <input type="checkbox"/> Football       | <input type="checkbox"/> Golf (M)       |
| <input type="checkbox"/> Golf (W)          | <input type="checkbox"/> Soccer (M)        | <input type="checkbox"/> Soccer (W)     | <input type="checkbox"/> Softball       |
| <input type="checkbox"/> Swimming (M)      | <input type="checkbox"/> Swimming (W)      | <input type="checkbox"/> Tennis (M)     | <input type="checkbox"/> Tennis (W)     |
| <input type="checkbox"/> Track & Field (M) | <input type="checkbox"/> Track & Field (W) | <input type="checkbox"/> Volleyball (M) | <input type="checkbox"/> Volleyball (W) |
| <input type="checkbox"/> Water Polo (M)    | <input type="checkbox"/> Water Polo (W)    | <input type="checkbox"/> Wrestling      |   |

## Gavilan College

Office of Admissions and Records  
5055 Santa Teresa Blvd Gilroy CA 95020  
[www.gavilan.edu](http://www.gavilan.edu)  
408 848 4735  
fax 408 846 4940

### Educational Support Services for Students with Disabilities

If you would like to be contacted regarding supportive services complete this form and return it to the Disability Resource Center or the Admissions and Records Office at Gavilan College. For more information on available services, contact the Disability Resource Center at 408 848 4865.

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street City State Zip Code*

Phone \_\_\_\_\_

Check any of the following that currently apply:

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Deaf or<br>Hard of<br>Hearing | <input type="checkbox"/> Acquired<br>Injury          | <input type="checkbox"/> Low Vision<br>or Blind | <input type="checkbox"/> Developmentally<br>Delayed Learner | <input type="checkbox"/> Learning<br>Disability |
| <input type="checkbox"/> Other<br>Physical             | <input type="checkbox"/> Psychological<br>Impairment | <input type="checkbox"/> Mobility               | <input type="checkbox"/> Other                              |   |