

**APPLICATION for ADMISSION**

Summer \_\_\_\_

Fall \_\_\_\_ 2008

**GAVILAN COLLEGE**

<b>1 SOCIAL SECURITY NUMBER</b> ____ - ____ - ____	<b>2 PLACE OF BIRTH</b> State or County _____	<b>BIRTHDATE</b> Month Day Year _____	<b>3 GENDER</b> 1 Male ____ 2 Female ____
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**4 NAME** (As you wish it to appear on your records )

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (area code) \_\_\_\_\_ Name on Previous Gavilan Records \_\_\_\_\_

<b>5 U.S. CITIZENSHIP ?</b> Yes No	<b>6 PRIMARY LANGUAGE</b>
If not a U.S. citizen, indicate status below (check one) ____ 2 Permanent Resident: INS Number _____ Date Issued _____ ____ 3 Temporary Resident: INS Number _____ Date Issued _____	____ 5 Refugee/Asylee ____ 6 Foreign Student (F-1) & 1-94 Expiration Date _____ ____ 7 Other Visa Type & I-94 Expiration Date _____ Is English your primary spoken language? Yes ____ No ____

**7 PREDOMINANT ETHNIC BACKGROUND**

10 White, Non-Hispanic	26 Vietnamese	43 South American	64 Other Pacific Islander	Enter Appropriate Number in Box <input style="width: 50px; height: 30px;" type="text"/>
21 Chinese	27 Indian Subcontinent	44 Other Hispanic	70 Filipino	
22 Japanese	28 Other Asian	50 American Indian, Alaskan	80 Other Non-White	
23 Korean	30 African-American	61 Guamanian	99 Decline to State	
24 Laotian	41 Mexican	62 Hawaiian		
25 Cambodian	42 Central American	63 Samoan		

**8 ENROLLMENT STATUS**

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

**9 STUDENT EDUCATION STATUS** (Highest level of education)

1 Not a graduate of, and no longer in High School	8 Received an Associate Degree	Enter Appropriate Number in Box <input style="width: 50px; height: 30px;" type="text"/>
2 High School Student (currently enrolled in grades 9-12)	9 Received a Baccalaureate or Higher Degree **	
3 Currently Enrolled in Adult School		
4 Received High School Diploma *	* Year of High School Diploma <input style="width: 50px;" type="text"/>	
5 Received GED or Certificate of Equivalency/Completion	**Year Degree Conferred <input style="width: 50px;" type="text"/>	
6 Received Certificate or High School Proficiency Exam		
7 Foreign High School Graduate		

**10 EDUCATIONAL GOALS**

1 Personal Interest, not for employment	8 Job Skills, to Prepare for a New Job/Career	Enter Appropriate Number in Box <input style="width: 50px; height: 30px;" type="text"/>
2 Transfer to a 4-year College WITH AA, AS Degree	9 Enhance Present Job Skills	
3 Transfer to a 4-year College WITHOUT AA, AS Degree	10 Maintain Certificate or License (e.g., Nursing)	
4 Associate Degree, General Education	11 Improve Basic Skills in English, Reading, or Math	
5 Associate Degree, Vocational	12 Complete Credits for High School Diploma or GED	
6 Vocational Certificate	13 Undecided on Goal	
7 Discover/Formulate Career Interests, Plans, Goals		

**11 HIGH SCHOOL LAST ATTENDED**

____ 433395 Live Oak	____ 353650 San Benito Evening	____ 433363 Lick (James)	____ 273455 Salinas
____ 433448 Central	____ 353002 San Andreas Continuation	____ 273317 North Salinas	____ 433002 Santa Teresa
____ 433283 Gilroy	____ 353006 Anzar	____ 274405 Notre Dame (Salinas)	____ 433790 Silver Creek
____ 433279 Gilroy Adult	____ 433008 Gunderson	____ 433520 Oak Grove	____ 443790 Watsonville
____ 433485 Mt. Madonna	____ 433299 Hill (Andrew)	____ 433542 Overfelt (Wm. C.)	____ 433895 Willow Glen
____ 353700 San Benito Joint Union	____ 433352 Leland	____ 274413 Palma	____ 010236 Ann Sobrato

Name & Location of High School if not Listed Above \_\_\_\_\_

**12 COLLEGES ATTENDED** (List last college attended first)

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

<b>13 MAJOR</b>	<b>14 DIRECTORY INFORMATION</b> No personal data other than directory information will be released without your written consent.	<b>15 HOURS WORKED</b> Approximate number of hours per week you will be employed during the semester. <input style="width: 50px;" type="text"/>	<b>16 RE-ENTRY</b> Check here if you have not attended any school for five or more years <input style="width: 50px;" type="text"/>
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# STATEMENT OF LEGAL RESIDENCE

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

## 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 \_\_\_\_
- Date present stay in California began \_\_\_\_\_
- 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 \_\_\_\_
- Does he/she/they have any of the following?
  - Driver's License or ID card State: \_\_\_\_\_ Date Issued: \_\_\_\_\_
  - Voter Registration? State: \_\_\_\_\_ Date Registered: \_\_\_\_\_
  - Vehicle Registration? State: \_\_\_\_\_ Date Issued: \_\_\_\_\_
  - 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







## APPLICATION - Fall 2008

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**\* Attach your high school transcript (must include senior year coursework.) \***

I would like to transfer to: \_\_\_\_\_ California State University \_\_\_\_\_ University of California  
 \_\_\_\_\_ Private College/University \_\_\_\_\_ Not sure which system

Are you working while attending college? \_\_\_\_\_ Yes (# of hours per week \_\_\_\_\_) \_\_\_\_\_ No

Are you eligible for financial aid? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know

High School Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ GED Year Graduated: \_\_\_\_\_

Name of High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Major: \_\_\_\_\_ Currently Undecided: \_\_\_\_\_

Please describe why you want to be part of the Transfer Institute: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For office use only	College Level: English 1A and Transfer Level Math:
Placement/Assessment Scores:	_____ Reading _____ Writing _____ Math

### **Intent to Register:**

I agree to make a full commitment to the Transfer Institute. This commitment includes the following:

- Attend a required Welcome on **Tuesday, August 26, from 8:30 am-noon in SS 206 (Social Science building).**
- Sign a Transfer Institute agreement by **September, 2008.**
- Meet with a counselor three times per semester.
- Complete 30 transferable units in an Academic Year.
- Participate in Transfer Institute activities.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**IMPORTANT, PLEASE RETURN TO:**  
**Gavilan College Counseling Department**  
**5055 Santa Teresa Blvd.**  
**Gilroy, CA 95020**