APPLICATION for ADMISS	ION Sumi	mer Fall 200	08 GAVILAN COLLEGI
1 SOCIAL SECURITY NUMBER	2 PLACE OF BIRTH	State or County   <b>BIRTHDATE</b> Month	Day Year 3 GENDER
			1 Male 2 Female
4 NAME (As you wish it to appear on yo	our records )		
	, , , , , , , , , , , , , , , , , , , ,		
Last Name		First Name	Middle Initial
Current Mail-	Street		
ing Address	Street		
	City	Sta	te Zip
Phone (area code)	Name on I	Previous Gavilan Records	
5 U.S. CITIZENSHIP? Yes	No		6 PRIMARY LANGUA
If not a U.S. citizen, indicate status below	(check one)	5 Refugee/Asylee	Is English your primary
2 Permanent Resident:		6 Foreign Student (F-1)	& 1-94   spoken language?
INS Number 3 Temporary Resident:	Date Issued	Expiration Date7 Other Visa Type & I-94	i l
INS Number	Date Issued	Expiration Date	Yes No
7 PREDOMINANT ETHNIC BACKG	ROUND		+
			Pacific Islander Enter Appropriat
		other Hispanic 70 Filipino merican Indian, Alaskan 80 Other	
		Guamanian 99 Decline	
		awaiian	
25 Cambodian 42 C	entral American 63 S	amoan	
B ENROLLMENT STATUS			
RETURNING, last attended Gavilan Date of last attendance at Gavilan:      STUDENT EDUCATION STATUS      Not a graduate of, and no longer in	Semest (Highest level of education)	er Year	Enter Appropria
<ul> <li>2 High School Student (currrently enrol</li> <li>3 Currently Enrolled in Adult School</li> <li>4 Received High School Diploma *</li> <li>5 Received GED or Certificate of Equi</li> <li>6 Received Certificate or High School</li> <li>7 Foreign High School Graduate</li> </ul>	olled in grades 9-12) 9 Ri valency/Completion Sc	eceived an Associate Degree eceived a Baccalaureate or Higher Degree rear of High hool Diploma **Year Degree Conferr	gree ** Number in Bo
10 EDUCATIONAL GOALS			
Personal Interest, not for employm	ent 8 Joh	Skills, to Prepare for a New Job/Caree	r Enter Appropriat
2 Transfer to a 4-year College WITH 3 Transfer to a 4-year College WITH 4 Associate Degree, General Educa 5 Associate Degree, Vocational 6 Vocational Certificate 7 Discover/Formulate Career Interes	AA, AS Degree 9 Enh. OUT AA, AS Degree 10 Mair tion 11 Impr 12 Com 13 Und	ance Present Job Skills ntain Certificate or License (e.g., Nursi rove Basic Skills in English, Reading, o plete Credits for High School Diploma ecided on Goal	Number in Bo ng) or Math
11 HIGH SCHOOL LAST ATTENDE	ס		
433395 Live Oak433448 Central433283 Gilroy433279 Gilroy Adult433485 Mt. Madonna353700 San Benito Joint Union	353650 San Benito Eve 353002 San Andreas Co 353006 Anzar 433008 Gunderson 433299 Hill (Andrew) 433352 Leland	• •	s 433002 Santa Teres (Salinas) 433790 Silver Creek 443790 Watsonville
Name & Location of High School if not Li	sted Above		
12 COLLEGES ATTENDED (List last	college attended first)		
College:	City	State Dates: from	to
College:	City	State Dates: from	to
	DIRECTORY INFORMATION		16 RE-ENTRY
	personal data other than directory	Approximate number of hours	Check here if you have not
	rmation will be released without r written consent.	per week you will be employed during the semester.	attended any school for five or more years

## STATEMENT OF LEGAL RESIDENCE

	Name	l				
	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:					
	<ul> <li>Date present stay in California began</li></ul>	two years? Yes No Yes No				
	Drivers License or ID Card     State:					
	Registered to Vote?     State:					
	Vehicle Registration?     State:		<del></del>			
	Other Proof of Residency in California					
	List states lived in for the last two years and the dat					
	State:	from	to			
		from				
	I have lived continuously for the past two years with one or past two years at the California address noted below:					
	Street If "Yes", Check one: Both Parents		State			
	No If "No" and you wish to be considered parent(s) or legal guardian:					
	Did they file California State Income Tax the last two	o years: Yes No	)			
	<ul><li>Does he/she/they have any of the following?</li></ul>					
	Driver's License or ID card     State:	Date Issued:				
	Voter Registration?     State:	Date Registered:				
	Vehicle Registration? State:  Other Proof of Residency in California	Date Issued:	<del></del>			
	• Other Proof of Residency III California					
PART C	To Be Completed by Active Military Persons, Dep	endents. or Veterans Disc	charged Within the Last Year			
PARTO						
	<ul><li>Are you a member of the military?</li><li>Are you a dependent of an active military perso.</li></ul>	Yes No n? Yes N				
	When did your or your sponsor's tour begin in C					
	What is your state of legal residence on military					
	<b>Note:</b> Active duty military persons and/or dependents must provide that the assignment to California is not for educational purposes. De military person for the purposes of Federal Tax exemption.					
PART D	To Be Signed by All Applicants					
IANI	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			



## GAVILAN COLLEGE / HIGH SCHOOL CONTRACT FORM

## PLEASE READ CAREFULLY BEFORE PROCEEDING

- grade point average is at least 2.00 for advanced (transfer level courses numbered 1-99) vocational, or physical education courses for the Fall and Spring Semesters. High School students may enroll for courses (numbered 1-499) during the summer session.
- → A Gavilan application, placement assessment scores and current transcripts from the student's school are required before this form can be reviewed by a Gavilan counselor.
- ✓ Students may enroll for a maximum of six units fall and spring semester, four units for summer.
- ✓ All course prerequisites are applicable.
- ✓ All credit earned at Gavilan College is "college" credit.
- ✓ A transcript of work completed at Gavilan will be sent to the recommending school at the end of the semester.
- ✓ High School contract students pay the per unit fee and provide their own texts and instructional supplies.
- ✓ All students shall conform to the college's academic rules, regulations, and codes of conduct.

Mailing Address    STREET   CITY   STATE   ZIP	Student's Name _	LAST	FIRST	Se	ecurity Number		
Semester for which student is applying: Fall Spring Summer 200		2.0.	FIRST	M.I.			
Semester for which student is applying: Fall Spring Summer 200	Mailing Address	STREET		CITY	STATE	7IP	
**The Student's School Counselor/Designated School Official Recommends These Courses **  Specify recommended courses and units (Enrollment limited to courses numbered 1-99 except during the summer)  **Recommendations (Parent/Guardian, High School Official and Gavilan Counselor) *  **Precommendations (Parent/Guardian, High School Official and Gavilan Counselor) *  **In an emergency, contact			Birth				
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**Recommendations (Parent/Guardian, High School Official and Gavilan Counselor) **  **Recommendations (Parent/Guardian, High School Official and Gavilan Counselor) **  **In an emergency, contact	Semester for which	i student is applying:	Faii	_ Spring	Summer	200	
**Recommendations (Parent/Guardian, High School Official and Gavilan Counselor) **  **Recommendations (Parent/Guardian, High School Official and Gavilan Counselor) **  **In an emergency, contact	• Th	ne Student's School C	counselor/De	signated School	Official Recomme	nds These Course	es •
In an emergency, contact    NAME   TEL.#							
In an emergency, contact    NAME   TEL.#							
In an emergency, contact    NAME   TEL.#	-						
In an emergency, contact    NAME   TEL.#							
In an emergency, contact    NAME   TEL.#		• Pocommondations	(Paront/Gua	rdian High School	ol Official and Gav	ilan Counsolor) •	
In an emergency, contact		Recommendations	(i areno Guar	ruian, riigii Scrioc	oniciai and Gavi	nan counseion) ·	
2) Signature of Recommending School Official Date  Name and Address of Recommending School  The recommendation of the school official signifies that the student is in good standing at his/her school, has a cumulative grade point average of at least 2.00, is eligible for continued enrollment, and has the ability and maturity to benefit from college-level instruction. A current transcript of the student's coursework must accompany this form.  2a) District Verification of "Home School" registration  3) The signature of a Gavilan Counselor verifies the following:  Signature of a Gavilan Counselor verifies the following:  The placement assessment was completed on (date)  English Score Math Score DRC exemption?  The recommended course is numbered 0 - 99 (summer term exempted).  A current transcript from the student's school is attached and the student is in good standing.  The cumulative high school grade point average is (2.0 minimum required)	1) Signature of Pa	arent or Guardian				Date	
2) Signature of Recommending School Official Date  Name and Address of Recommending School  The recommendation of the school official signifies that the student is in good standing at his/her school, has a cumulative grade point average of at least 2.00, is eligible for continued enrollment, and has the ability and maturity to benefit from college-level instruction. A current transcript of the student's coursework must accompany this form.  2a) District Verification of "Home School" registration  3) The signature of a Gavilan Counselor verifies the following:  Signature of a Gavilan Counselor verifies the following:  The placement assessment was completed on (date)  English Score Math Score DRC exemption?  The recommended course is numbered 0 - 99 (summer term exempted).  A current transcript from the student's school is attached and the student is in good standing.  The cumulative high school grade point average is (2.0 minimum required)	In an emergeno	cy, contact					
Name and Address of Recommending School							
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<ul> <li>The recommended course is numbered 0 - 99 (summer term exempted).</li> <li>A current transcript from the student's school is attached and the student is in good standing.</li> <li>The cumulative high school grade point average is</li></ul>	<ul><li>The place</li></ul>	ement assessment was	completed o	n (date)			
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○ The cumulative high school grade point average is	<ul><li>The recon</li></ul>	nmended course is nu	mbered 0 - 99	(summer term ex	empted).		
	○ A current	transcript from the stud	dent's school	is attached and the	student is in good	standing.	
Gavilan College Counselor	○ The cumu	ılative high school grad	le point avera	ge is	(2.0 r	minimum required)	
	Gavilan Colle	ge Counselor				Date	



## **APPLICATION - Fall 2008**

Name:	Social Security #:		
Address:	Phone: (		
City:			
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	s per weekNo		
Are you eligible for financial aid?YesNo	o Don't Know		
High School Graduate?YesNo	GED Year Graduated:		
Name of High School:	City: State:		
Major:	Currently Undecided:		
For office use only  College Level: English 1A an	d Transfer Level Math:		
Placement/Assessment Scores:Reading			
Intent to Register:  I agree to make a full commitment to the Transfer Institute. The Attend a required Welcome on Tuesday, August 26.  Sign a Transfer Institute agreement by September, Meet with a counselor three times per semester.  Complete 30 transferable units in an Academic Year.  Participate in Transfer Institute activities.	6, from 8:30 am-noon in SS 206 (Social Science building). 2008.		
Student Signature:	_ Date:		

