

1 NAME (As you wish it to appear on your records) Last Name First Name Middle Name **Gavilan ID # G00**

Current Mailing Address Street City Soc. Sec. # State Zip E-mail Address

Primary Phone # Name on Previous Gavilan Records: Alternate Phone #

2 GENDER Male ___ Female ___

3 BIRTHDATE Month Day Year

PLACE OF BIRTH State or Country

4 CITIZENSHIP

- U.S. Citizen
- Permanent Resident: INS Number Date Issued
- Temporary Resident: INS Number Date Issued
- Refugee/Asylee (verification required)
- F-1 Student Visa Enter Appropriate Number in Box
- Other (specify)

5 MARITAL STATUS

Unmarried ___ Married ___ Decline to State ___

6 PREDOMINANT ETHNIC BACKGROUND

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

7 STUDENT TYPE

- NEW, never attended any college
- NEW TRANSFER, attended college other than Gavilan
- RETURNING, last attended Gavilan but not last semester. Date of last attendance at Gavilan: Semester Year

Enter Appropriate Number in Box

8 EDUCATIONAL GOALS

- Personal Interest, not for employment
- Transfer to a 4-year College WITH AA, AS Degree
- Transfer to a 4-year College WITHOUT AA, AS Degree
- Associate Degree, General Education
- Associate Degree, Vocational
- Vocational Certificate
- Discover/Formulate Career Interests, Plans, Goals
- Job Skills, to Prepare for a New Job/Career
- Enhance Present Job Skills
- Maintain Certificate or License (e.g., Nursing)
- Improve Basic Skills in English, Reading, or Math
- Complete Credits for High School Diploma or GED
- Undecided on Goal

Enter Appropriate Number in Box

9 STUDENT EDUCATION LEVEL (Highest level of education)

- Not a graduate of, and no longer in high school
- High school student (currently enrolled in grades 9-12)
- Currently Enrolled in Adult School
- Received High School Diploma *
- Received GED or Certificate of Equivalency/Completion
- Received Certificate or High School Proficiency Exam
- Foreign High School Graduate
- Received an Associate Degree
- 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	___ 353650 San Benito Evening	___ 433363 Lick (James)	___ 273455 Salinas
___ 433448 Central	___ 353002 San Andreas Contin.	___ 273317 North Salinas	___ 433002 Sta Teresa
___ 433061 El Portal	___ 353006 Anzar	___ 274405 Notre Dame (Salinas)	___ 433790 Silver Creek
___ 433283 Gilroy	___ 433008 Gunderson	___ 433520 Oak Grove	___ 443790 Watsonville
___ 433485 Mt. Madonna	___ 433299 Hill (Andrew)	___ 433542 Overfelt	___ 433895 Willow Glen
___ 353700 San Benito	___ 433352 Leland	___ 274413 Palma	___ 010236 Ann Sobrato

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

11 MAJOR Major AA AS Certificate

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

13 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

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 ___
- 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 _____

4/09-A&R



Program and Majors Codes

Administration of Justice

Law Enforcement
Academy
Corrections

Allied Health

Registered Nursing
Vocational Nursing

Business

Accounting
Economics
General Business
General Office
Marketing/Management
Medical Office
Real Estate

Child Development & Education

Child Development & Education
Pre K-12 Special Ed Aide

Communication

Communications, General
Communication Studies

Computer Graphics & Design

Computer Graphics & Design

Computer Science & Info Systems

Business Computer Applications
Computer Programming
Hardware & Networking
Programming for the Internet
Comp Prep for Bioinformatics
Telecom Network Cabling
UNIX Operating System
Web Page Production

Fine and Performing Arts

Art, General
Fine Arts
Music, General
Theatre Arts
Technical Theatre
Television

General Educaiton Pattern

CSU - General Ed
IGETC - General Ed Transfer

Letters

English as a 2nd Language
Language Arts

Liberal Arts - A.A. Degree

Areas of Emphasis Include:
Administration of Justice
Business
Computer Science & Info Systems

Elementary Education
Expressive Arts
Language Arts & Humanities
Natural Science
Social Science

Media Arts

Digital Media
Media Arts

Sciences

Biological Science
Physical Science & Engineering
Mathematics
Physical Education
Education/Sports Medicine
Health Science

Social Sciences

Social Science, General

Spanish

Spanish

Technical Trades

Aviation Maintenance
Airframe
Powerplant
Cosmetology/Esthetician
Industrial Technology
Special Careers

Gavilan College

Office of Admissions and Records
5055 Santa Teresa Blvd Gilroy CA 95020
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 Hard of Hearing	<input type="checkbox"/> Acquired Injury	<input type="checkbox"/> Low Vision or Blind	<input type="checkbox"/> Developmentally Delayed Learner	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Other Physical	<input type="checkbox"/> Psychological Impairment	<input type="checkbox"/> Mobility	<input type="checkbox"/> Other	