

Major & Occupational CODES

Business & Management

Accounting	050200
Business Mgmt. & Admin	050600
General Bus. (transfer)	050100
General Clerical	051400

Communication

Communication, General	060100
Journalism	060200
Media Arts	060300
Interpersonal Communication	493011

Computer Science & Information Systems

Cmptr Sci & Info Sys	070100
Data Processing, General	070100

Education

Child Development	130500
Special Vocational Education	080800

Fine & Applied Arts

Art, General	100200
Music, General	100500
Performing Arts	100700

Foreign Languages

Spanish	110500
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Health Services

Nursing Assistant	123030
Registered Nursing	123010
Vocational Nursing	123020

Letters

English as a Second Language	493080
Humanities	150000
Language Arts	493020

Public Affairs & Services

Admin of Justice, Law Enforcement	210500
Admin of Justice, Academy	210550
Admin of Justice, Corrections	210510
Fire Technology	213300

Sciences

Biological Science	040110
Health Science	083700
Mathematics	170100
Physical Science & Engin	190100
Physical Education	083500

Social Sciences

Humanities & Social Science	220801
Psychology	200100
Social Science, General	220100

Technical Trades

Aviation Maintenance	095000
Cosmetology	300700
Computer Graphics and Design	095300

Others, not otherwise listed

Undeclared	000000
Liberal Arts	490100
Liberal Arts, University Studies	490100
General Studies	493000

Gavilan College's High Tech Center



provides students with disabilities access to computers and computer training through state-of-the-art Assistive Computer Technology.

The skills and knowledge the student gains in the HTC can be taken to other college and university campuses and ultimately to the work place.

Who Can Benefit?

- The student with low vision can enlarge text and graphics on the monitor.
- Blind computer users can use a screen reading program that reads the screen aloud.
- Students with learning disabilities or visual impairments can use a machine that scans text and reads it aloud.
- Students with physical disabilities can learn to use a speech recognition system or an alternative mouse.
- Students with reading difficulty use a program which highlights their writing on the monitor as it reads it aloud.

Disability Resource Center - LI 117

For more information call 408-848-4865 or visit www.gavilan.edu/drc

Educational Support Services for Students with Disabilities

Completion of this form is optional. Any information you provide will be strictly confidential. Please return it to the Disability Resource Center (DRC) or the Admissions and Records Office at Gavilan College. For more information on available services, contact DRC at (408) 848-4865.

Name: _____
Last First Middle Initial

Address: _____
Street

City State Zip

SSN: _____ Phone: _____

Please check any of the following that currently apply:

- | | |
|---|--|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Acquired Brain Injury |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Other Physical | <input type="checkbox"/> Developmental Disability |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Psychological Impairment |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Yes, I would like to be contacted regarding supportive services |



APPLICATION - Fall 2006

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

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 your career goal: _____

Please describe why you want to be in the Transfer Institute: _____

For office use only:

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:

- Complete 30 transferable units in an Academic Year
- Work with a counselor on a regular basis.
- Participate in Transfer Institute activities

Student Signature: _____ **Date:** _____



IMPORTANT, PLEASE RETURN TO:

Gavilan College Counseling Department
5055 Santa Teresa Blvd.
Gilroy, CA 95020

APPLICATION for ADMISSION Winter Intersession ___ Spring ___ 2006 **GAVILAN COLLEGE**

1 SOCIAL SECURITY NUMBER _____	2 PLACE OF BIRTH State or County _____	BIRTHDATE Month Day Year _____	3 GENDER 1 Male _____ 2 Female _____
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 _____			
5 U.S. CITIZENSHIP ? Yes No			6 PRIMARY LANGUAGE
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 or M-1) & 1-94 Expiration Date _____ ___ 7 Other Visa Type _____			Is English your primary spoken language? Yes ___ No ___
7 PREDOMINANT ETHNIC BACKGROUND			
10 White, Non-Hispanic 21 Chinese 22 Japanese 23 Korean 24 Laotian 25 Cambodian	26 Vietnamese 27 Indian Subcontinent 28 Other Asian 30 African-American 41 Mexican 42 Central American	43 South American 44 Other Hispanic 50 American Indian, Alaskan 61 Guamanian 62 Hawaiian 63 Samoan	64 Other Pacific Islander 70 Filipino 80 Other Non-White 99 Decline to State Enter Appropriate Number in Box <input style="width:50px; height:30px;" type="text"/>
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 <input style="width:50px; height:30px;" type="text"/>
9 STUDENT EDUCATION STATUS (Highest level of education)			
1 Not a graduate of, and no longer in High School 2 High School Student (currently enrolled in grades K-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 <input style="width:50px;" type="text"/> **Year Degree Conferred <input style="width:50px;" type="text"/>	Enter Appropriate Number in Box <input style="width:50px; height:30px;" type="text"/>
10 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 <input style="width:50px; height:30px;" type="text"/>
11 HIGH SCHOOL LAST ATTENDED			
___ 433395 Live Oak ___ 433448 Central ___ 433283 Gilroy ___ 433279 Gilroy Adult ___ 433485 Mt. Madonna ___ 353700 San Benito Joint Union	___ 353650 San Benito Evening ___ 353002 San Andreas Continuation ___ 353006 Anzar ___ 433008 Gunderson ___ 433299 Hill (Andrew) ___ 433352 Leland	___ 433363 Lick (James) ___ 273317 North Salinas ___ 274405 Notre Dame (Salinas) ___ 433520 Oak Grove ___ 433542 Overfelt (Wm. C.) ___ 274413 Palma	___ 273455 Salinas ___ 433002 Santa Teresa ___ 433790 Silver Creek ___ 443790 Watsonville ___ 433895 Willow Glen
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 _____			
13 MAJOR	14 DIRECTORY INFORMATION	15 HOURS WORKED	16 RE-ENTRY
_____	No personal data other than directory information will be released without your written consent.	Approximate number of hours per week you will be employed during the semester. <input style="width:50px;" type="text"/>	Check here if you have not attended any school for five or more years <input style="width:50px;" type="text"/>

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**

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

METHOD B

10. **DEPENDENT STUDENT:** How many persons are in your parent(s) household? (Include yourself, your parent(s), and anyone who lives with your parent(s) and receives more than 50% of their support from your parents, now and through June 30, 2006.) _____
11. **INDEPENDENT STUDENT:** How many persons are in your household? (Include yourself, your spouse, and anyone who lives with you and receives more than 50% of their support from you, now and through June 30, 2006.) _____
12. **2004 Income Information**

	DEPENDENT STUDENT: PARENT(S)/ RDP INCOME	INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ RDP) INCOME
a. Adjusted Gross Income (If 2004 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 34; 1040A, line 21; 1040EZ, line 4 or Telefile, line I).	\$ _____	\$ _____
b. All other income (Include ALL money earned in 2004 that is not included in line (a) above. Include TANF benefits, disability, Social Security, child support. Include Earned Income Credit (Form 1040 Line 65a, 1040A Line 41a or 1040EZ Line 8a) and Additional Child Tax Credit (Form 1040 Line 67 or 1040A Line 42) if applicable.	\$ _____	\$ _____
TOTAL Income for 2004 (Sum of a + b) _____	\$ _____	\$ _____

The Financial Aid Office will review your income and let you know if you qualify for a FEE WAIVER under Method B. If you do not qualify using this simple method, you should file a FAFSA.

SPECIAL CLASSIFICATIONS

13. Do you have certification from the California Department of Veterans Affairs or the National Guard Adjutant General that you are eligible for a dependent's fee waiver? Submit certification. Yes No
14. Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a recipient, or a dependent of a victim of the September 11, 2001 terrorist attack? Submit documentation from the Department of Veterans Affairs or the CA Victim Compensation and Government Claims Board. Yes No
15. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty? Submit documentation from the public agency employer of record and income information. Yes No

If you answered "Yes" to question 13, 14, or 15, you are eligible for a FEE WAIVER. Sign the Certification at the end of this form.

CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW

I hereby swear or affirm, under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. **If asked by an authorized official, I agree to provide proof of this information, which may include a copy of my and my spouse/registered domestic partner and/or my parent's/registered domestic partner's 2004 U.S. Income Tax Return(s).** I also realize that any false statement or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or repayment of my waiver. I authorize release of information regarding this application between the college, the college district, and the Chancellor's Office of the California Community Colleges.

Applicant's Signature _____

Date _____

Parent Signature (Dependent Students Only) _____

Date _____

FOR OFFICE USE ONLY

<input type="checkbox"/> BOGFW-A <input type="checkbox"/> TANF/CalWORKs <input type="checkbox"/> GA <input type="checkbox"/> SSI/SSP	<input type="checkbox"/> BOGFW-B <input type="checkbox"/> BOGFW-C	<input type="checkbox"/> Special Classification <input type="checkbox"/> Vet/National Guard Dep <input type="checkbox"/> Medal of Honor/or 9/11 Dependent <input type="checkbox"/> Dep. of deceased law enforcement/fire personnel	RDP <input type="checkbox"/> Student <input type="checkbox"/> Parent	<input type="checkbox"/> Student is not eligible
Notes: _____ _____ _____				
Certified by: _____				Date: _____

• GAVILAN COLLEGE / HIGH SCHOOL CONTRACT FORM •

<ul style="list-style-type: none"> ✓ Gavilan College accepts high school students whose cumulative 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 pre-collegiate courses (courses numbered 100-400) 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. 	<ul style="list-style-type: none"> ✓ Students may enroll for a maximum of six units fall and spring semester, 4 units for summer. ✓ All course advisories and 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.
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Student's Name _____ Security Number _____
LAST FIRST M.I.

Mailing Address _____
STREET CITY STATE ZIP

Tel # _____ Date of Birth _____ Last Grade Completed _____

Semester for which student is applying: Fall _____ Spring _____ Summer _____ 200 _____

• 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) •

1) Signature of Parent or Guardian _____ Date _____

In an emergency, contact _____
NAME TEL. #

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:

- The placement assessment was completed on (date) _____
- English Score _____ Math Score _____ DSPS 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)

Gavilan College Counselor _____ Date _____

4) Dean of Student Services or Designee _____ Date _____

VERIFICATION OF PREREQUISITE

To enroll for a Gavilan course that has a prerequisite that was either completed at another college or that can be verified by test scores from another college, complete the information on this form, attach appropriate documentation and submit it to the Admissions and Records Office at least one week prior to registering.

Name _____ SSN _____

Address _____

_____ Tel. # _____

Other name(s) used on records: _____

Gavilan course you wish to take: _____ Semester _____

Prerequisite was met in the following manner:

Successfully completed at other college:

name of college or university

title of course

semester/year

ACCEPTABLE DOCUMENTATION: official transcripts of course history. Official transcripts are required if you wish to utilize the telephone registration system to register.

Satisfactory test scores from:

name of college or university

date of test

ACCEPTABLE DOCUMENTATION: official test score from testing agency or printout of test score on campus letterhead. Students providing test scores from another institution to satisfy prerequisites MUST register in person.

Counselor's Comments:

Approved _____ Denied _____

Counselor's Signature: _____ Date _____

A&R-4/4/03

Gavilan College

5055 Santa Teresa Blvd. Gilroy CA 95020