

APPLICATION for ADMISSION Winter Intersession _____ Spring _____ 2008 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 Mail- ing 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: _____ 5 Refugee/Asylee INS Number _____ Date Issued _____ Expiration Date _____ _____ 3 Temporary Resident: _____ 6 Foreign Student (F-1) & I-94 INS Number _____ Date Issued _____ 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 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 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 <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 _____ 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 _____
13 MAJOR	14 DIRECTORY INFORMATION	15 HOURS WORKED
_____ _____ _____ _____ _____	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"/>
		16 RE-ENTRY 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. 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

