



# WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT

## APPLICATION FOR ADMISSION

This application is for:

West Valley College

Mission College

Term:

Year

summer

fall

spring

<b>FOR OFFICE USE ONLY</b>	ID #	Res Code	Reg Date	Initials	Date
----------------------------	------	----------	----------	----------	------

PRINT CLEARLY

(NAE)

### 1. Legal Name (as it appears on your Social Security Card)

\_\_\_\_\_  
Last First Middle

#### Other names I have used at this College

\_\_\_\_\_  
Last First Middle

### 2. Mailing Address

\_\_\_\_\_  
Number or PO Box Street Apt. No.

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

\_\_\_\_\_  
County Country

#### Home address if different from above

\_\_\_\_\_  
Number or PO Box Street Apt. No.

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

3. Phone Home ( ) \_\_\_\_\_

Business ( ) \_\_\_\_\_

Cell/Pager ( ) \_\_\_\_\_

4. Social Security #

5. Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Month Day Year

Place of Birth \_\_\_\_\_  
State or Country

### 6. Predominant Ethnic Background (Enter the letters in the box.)

- |                 |                            |                           |
|-----------------|----------------------------|---------------------------|
| A. Asian        | B. African-Amer./Non-White | P. Pacific Islander       |
| AC Chinese      | F. Filipino                | PG Guamanian              |
| AI Asian Indian | H. Hispanic                | PH Hawaiian               |
| AJ Japanese     | HM Mexican American        | PS Samoan                 |
| AK Korean       | HR Central American        | PX Other Pacific Islander |
| AL Laotian      | HS South American          | W. White                  |
| AM Cambodian    | HX Other Hispanic          | X. Unknown                |
| AV Vietnamese   | N. American Indian         | XD Decline to state       |
| AX Other Asian  | O. Other Non-White         |                           |

7. Gender Male  Female

8. (INT) e-mail address \_\_\_\_\_

### 9. Program of study you intend to pursue at this college. (SHAP)

AA/AS \_\_\_\_\_ Transfer \_\_\_\_\_ Certificate \_\_\_\_\_ Undecided \_\_\_\_\_

Major (select from opposite page) \_\_\_\_\_

### 10. Admit Status (Enter number in the box.)

- (1) First time college student
- (2) Previously attended another college
- (3) Returning transfer to West Valley-Mission CCD
- (4) Returning to West Valley-Mission CCD
- (5) Continuing
- (6) Concurrent enrollment (Grade K-12)

### 11. Educational Goals (Enter letter in the box.)

- A Transfer to a 4-year college with associate degree
- B Transfer to a 4-year college without associate degree
- C Associate degree without transfer
- D Associate degree, occupational major
- E Occupational certificate program
- F Formulate career interest
- G Prepare for a new career
- H Update job skills
- I Licensing requirements
- J Personal interest/educational development
- K Improve basic skills
- L Obtain High School diploma/GED
- M Undecided

### 12. Citizenship/Immigration Status (F<sub>2</sub> FINF)

Are you a United States citizen? Yes  No  (1)

If NO, indicate your immigration status by checking the appropriate box below and entering the date issued.

- Permanent Resident - Alien # \_\_\_\_\_ (2)  
Date issued \_\_\_\_\_
- Temporary Resident Date issued \_\_\_\_\_ (3)
- Refugee/Asylee/Amnesty recipient/Parolee (4)  
Date issued \_\_\_\_\_
- Student visa (F-1 or M-1) Date issued \_\_\_\_\_ (5)
- Other (specify) \_\_\_\_\_ (6)  
Date issued \_\_\_\_\_
- Status Unknown (7)

Of which country are you a citizen? (SHAP) \_\_\_\_\_

### 13. Language

Is English your primary spoken language? Yes  (E) No

If NO, what is your primary language? \_\_\_\_\_

### 14. Residency Status

Have you lived in California for at least the last 2 years?

Yes  No

If NO, date of entry \_\_\_\_\_ (Check the box below.)

Foreign Country Resident  Out-of-state Resident

### 15. Special Services (Check all areas that may be of interest.)

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Re-Entry (AR)            | <input type="checkbox"/> Financial Aid (FA)      |
| <input type="checkbox"/> Basic Skills (BS)              | <input type="checkbox"/> Health Services (HS)    |
| <input type="checkbox"/> Campus Clubs & Organ. (CO)     | <input type="checkbox"/> Honors Program (HP)     |
| <input type="checkbox"/> Career Planning (CP)           | <input type="checkbox"/> Job Placement (EA)      |
| <input type="checkbox"/> Child Care (CC)                | <input type="checkbox"/> TANF/CALWorks (TW)      |
| <input type="checkbox"/> Counseling Services (CS)       | <input type="checkbox"/> Testing/Assessment (TA) |
| <input type="checkbox"/> Disabled Student Services (DS) | <input type="checkbox"/> Transfer Services (TR)  |
| <input type="checkbox"/> Employment Assistance (EA)     | <input type="checkbox"/> Tutorial Services (TI)  |
| <input type="checkbox"/> English as a Second Lang. (ES) | <input type="checkbox"/> Veteran Affairs (VA)    |
| <input type="checkbox"/> EOPS (EO)                      | <input type="checkbox"/> Work Experience (WE)    |

CONTINUE →

16. Do you plan to apply for Financial Aid? Yes  No

17. Do you plan to work while attending college? Yes  No

If yes, how many hours per week? \_\_\_\_\_

18. Student Type Select the highest level of education you have completed and enter the appropriate number/letter in the box.

- (8) Bachelor's Degree or higher
- (7) Associate Degree
- (6) Foreign High School Graduate
- (5) High School Proficiency Certificate
- (4) Received GED or CA Equivalency
- (3) Received High School Diploma
- (2) Currently Enrolled in Adult School
- (1) Concurrently Enrolled (Grade K-12)
- (N) Not Graduate/Not High School Enrolled

19. Directory Information Release (Addnl Info F<sub>2</sub> BIO)

May your name, address, phone number, class schedule, dates of attendance, and degrees earned be released without your written consent?

Yes  No

20. Last high school or K-8 grade school attended (SHAP)

School \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Graduated? Yes  No

If Yes, month and year graduated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If No, anticipated month and year of graduation \_\_\_\_ / \_\_\_\_ / \_\_\_\_

or year of last attendance \_\_\_\_

High School GPA \_\_\_\_\_

21. College you attended most recently (other than this college)

College \_\_\_\_\_ State \_\_\_\_\_

Year of last attendance \_\_\_\_

Highest college degree received \_\_\_\_\_ Date \_\_\_\_\_

College if different from above \_\_\_\_\_

22. College to which you wish to transfer

UC \_\_\_\_\_ CSU \_\_\_\_\_ Private \_\_\_\_\_ Other \_\_\_\_\_

College \_\_\_\_\_

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

23. Parents' highest educational level completed

(Enter the appropriate letter on the line indicated.)

(A) K-12 (B) Some college (C) College graduate

Father \_\_\_\_\_ Mother \_\_\_\_\_

24. What is your family income? \_\_\_\_\_ (optional)

25. Are you a Single Head of Household? Yes  No  (optional)

26. How many dependents do you have? \_\_\_\_\_ (optional)

27. What is the primary reason you decided to enroll at this college?

\_\_\_\_\_

## 28. STATEMENT OF LEGAL RESIDENCE

To be completed by students who answered **NO** to question #14.

Do you intend California to be your permanent residence?

Yes  No

Did you file California State Income Tax 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

Driver's license or ID card \_\_\_\_\_

State \_\_\_\_\_ Date issued \_\_\_\_\_

Vehicle registration \_\_\_\_\_

State \_\_\_\_\_ Date issued \_\_\_\_\_

Registered to vote Yes  No

State \_\_\_\_\_ Date registered \_\_\_\_\_

Other proof of residency in California \_\_\_\_\_

List states in which you have lived during the last two years including dates.

State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

## 29. MILITARY AFFILIATION

To be completed by active military persons, dependents, or veterans discharged within the last year.

\* Are you an active member of the military? Yes  No

\* Are you a dependent of an active military person?

Yes  No

\* When did your tour of duty begin in California? \_\_\_\_\_

\* What is your state of legal residence on military records? \_\_\_\_\_

ACTIVE DUTY MILITARY PERSONS AND/OR DEPENDENTS MUST provide a statement from the Commanding Officer that assignment to California is not for educational purposes including the date of assignment to California. DEPENDENTS must also provide a letter stating that they are a dependent of a military person.

## 30. TO BE COMPLETED BY ALL STUDENTS

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND INFORMATION SUBMITTED ON BOTH SIDES OF THIS ADMISSION APPLICATION ARE TRUE AND CORRECT. I understand that all materials submitted by me for purposes of admission become the property of the West Valley-Mission Community College District. I also understand that falsification, withholding pertinent data or failure to report changes in residency or educational status may result in District action. Finally, in registering for future terms, I agree to provide true and correct information about any change in my educational status.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_