10. Program of Study  
   (SHAP)  
   AA/AS _____ Transfer _____ Certificate _____ Undecided _____  
   Major (Select from opposite page) ________________________________
16. Special Services  (Check all areas of interest)
   ___ Adult Re-Entry (AR)  ___ Health Services (HS)
   ___ Basic Skills (BS)  ___ Honors Program (HP)
   ___ Campus Clubs & Org. (CO)  ___ Job Placement (EA)
   ___ Career Planning (CP)  ___ TANF/CALWorks (TW)
   ___ Child Care (CC)  ___ Testing/Assessment (TA)
   ___ Counseling Services (CS)  ___ Transfer Services (TR)
   ___ Disabled Student Services (DS)  ___ Tutorial Services (TI)
   ___ English as a Second Lang. (ES)  ___ Veteran Affairs (VA)
   ___ EOPS (EO)  ___ Work Experience (WE)
   ___ Financial Aid (FA)

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/High School  [ ]
   (N) Not Graduate/Not High School Enrolled

   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 Attended or Currently Attending  (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. Statement of Legal Residence
   To be completed by students who answered NO to question #13.
   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_________

25. 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 ☐
   * Are you a discharged veteran of the US Armed Forces?
     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.

26. 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 __________