



# WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT

## APPLICATION FOR ADMISSION

This application is for:

West Valley College  Mission College

Term:

Year

summer  fall  winter  spring

<b>FOR OFFICE USE ONLY</b>	ID #	Res Code	Reg Date	Initials	Date
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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 ( ) \_\_\_\_\_

### 4. Social Security #

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

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

6. Are you Hispanic/Latino? Yes  No

### 7. Predominant Ethnic Background (Enter letters in box)

- |                 |                            |                           |
|-----------------|----------------------------|---------------------------|
| AC Chinese      | AN Native Amer./Alaskan    | PG Guamanian              |
| AI Asian Indian | BL African-Amer./Non-White | PH Hawaiian               |
| AJ Japanese     | FL Filipino                | PS Samoan                 |
| AK Korean       | HM Mexican American        | PX Other Pacific Islander |
| AL Laotian      | HR Central American        | WH White                  |
| AM Cambodian    | HS South American          |                           |
| AV Vietnamese   | HX Other Hispanic          |                           |
| AX Other Asian  | ME Middle Eastern          |                           |

8. Gender Male  Female

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

### 10. Program of Study (SHAP)

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

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

### 11. Admit Status (Enter number in 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/High School

### 12. Educational Goals (Enter letter in 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 Career exploration
- 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

### 13. 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)  
\_\_\_\_\_

### 14. Language

Is English your primary spoken language? Yes  (E) No   
If NO, what is your primary language? \_\_\_\_\_

### 15. 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

**16. Special Services** (Check all areas of interest)

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

**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

**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 Attended or Currently Attending** (SHAP)

School	County	State
Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 \_\_\_\_\_