



WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT

APPLICATION FOR ADMISSION

This application is for:

West Valley College

Mission College

Term:

Year

summer

fall

spring

FOR OFFICE USE ONLY	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/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) Transfer from another college
- (3) Returning transfer to West Valley-Mission CCD
- (4) Returning to West Valley-Mission CCD
- (5) Continuing
- (6) Concurrent enrollment (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 (F₂ 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, MC only) _____ (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) |

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 your highest level of education 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 (Grades K-12)
- (N) Not Graduate/Not High School Enrolled

19. Directory Information Release (Addnl Info F₂ 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 (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

Dependents of service connected or deceased veteran may be eligible for a waiver of fees.

* 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 _____