

APPLICATION FOR ADMISSION

San Jose/Evergreen Community College District



OFFICE USE ONLY

Colleague ID # _____

Date _____

Initials _____

NAME

Term & College for which you are applying: FALL SPRING SUMMER 20 _____

Check ONE college only Evergreen Valley College San José City College

If you plan on taking classes at BOTH colleges within this District, make sure you have a current application AT EACH COLLEGE

LAST

FIRST

M.I.

1 Legal Name

Last Name _____ First Name _____ Middle Initial _____

2 Address

Number & Street _____ Apt. Number _____

City _____ State _____ Zip Code _____

3 Telephone Number **Cell** _____ **Home** _____ 4 Origin Walk-In Mail

5 Social Security Number _____ (Necessary for Financial Aid applicants) 6 Birth Date _____ / _____ / _____
MM DD YY

Returning Student's / ID # _____

7 Ethnic Background

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> A Asian | <input type="checkbox"/> AL Asian/Laotian | <input type="checkbox"/> HCA Hispanic/Central America | <input type="checkbox"/> PACG Pac Islander/Guam |
| <input type="checkbox"/> AA African/American | <input type="checkbox"/> AM Asian/Cambodian | <input type="checkbox"/> HM His/Mex Hisp/Amer | <input type="checkbox"/> PACH Pac Islander/Hawaiian |
| <input type="checkbox"/> AC Asian/Chinese | <input type="checkbox"/> AV Asian/Vietnamese | <input type="checkbox"/> HSA Hispanic/South America | <input type="checkbox"/> PACS Pac Islander/Samoa |
| <input type="checkbox"/> AI Asian/Indian | <input type="checkbox"/> AX Asian/Other | <input type="checkbox"/> HX Hispanic/Other | <input type="checkbox"/> PACX Pac Islander/Other |
| <input type="checkbox"/> AJ Asian/Japanese | <input type="checkbox"/> C Caucasian/Non-Hispanic | <input type="checkbox"/> NA Native American | <input type="checkbox"/> UNK Unknown |
| <input type="checkbox"/> AK Asian/Korean | <input type="checkbox"/> FI Filipino | <input type="checkbox"/> OTH Other Non-White | <input type="checkbox"/> XD Declined to State |
| | <input type="checkbox"/> H Hispanic | <input type="checkbox"/> P Pacific Islander | |

8 Gender Male Female 9 E-Mail Address _____

10 Type of Applicant *Check if you are:*
 Student Applicant (SAP)
 Employee Applicant (EMA)
11 Major/Academic Program CODE _____
*If undecided, temporarily choose GENMJ.AS.1 (SJCC ONLY).
See CODE SHEET - Application CANNOT be processed without an academic program.*

12 Admit Status (Fill in the one which best applies to you)
 N I am attending college for the first time after high school.
 TR I am attending this college for the first time but have attended or am now attending another college.
 RS I am returning to this college after an absence of one or more terms.
 HS I plan to enroll in college while still in high school.
(Form R-40 required)
 JS I plan to enroll in college while still in K-8.
(Form R-42 required)

13 Student's Educational Goal (Choose One)
 A Earn an Associate Degree and transfer
 B Transfer to a four-year college without an Associate Degree
 C Earn an Associate Degree without transferring
 D Earn a Vocational Degree without transferring
 E Earn a Vocational Certificate without transferring
 F Discover/formulate career interests/plans/goals
 G Prepare for a new career (acquire job skills)
 H Advance in current job/career (update job skills)
 I Maintain certificate or license (e.g. Nursing, Cosmetology)
 J Educational development (intellectual, cultural)
 K Improve basic skills in English, Reading and Math
 L Complete credits for high school diploma or GED
 M Undecided on goal
 X Unreported/Uncollected goal (Office use only)

14 Do you qualify for Veteran's Benefits? (Choose one)
 yes no *If yes:* Self As a Dependent
15 Language most frequently Spoken/Written: (Choose one - optional)
 English Spanish Tagalog Vietnamese Chinese
 Other _____ specify

16 Fill in the categories that are of interest to you:
 1 Financial Aid Assistance
 2 Child Care Services
 3 Disabled Student Services
 4 Transfer Center Services
 5 Job/Career Assistance
 6 Basic Skills Assistance
 7 Tutoring Assistance
 8 English as a Second Language (ESL)
 9 Extended Opportunity Program & Services (EOP&S)
 10 Student Government & Activities
 11 Latino Student Special Programs
 12 African-American Special Programs
 13 Intercollegiate Athletic Programs
 14 Asian-Pacific Special Programs
 15 Accelerated Transfer Programs
 16 Sport _____ Specify

17 Institutional History (HS) _____
 High School Last Attended _____ City _____ State _____
 From _____ years to _____ years HIGH SCHOOL CODE _____
 (see CODE table)

18 Institutional History (Coll) _____
 College Last Attended _____ City _____ State _____
 From _____ years to _____ years COLLEGE CODE _____
 (see CODE table)

19 Graduation type: (Check the type that best describes your highest educational background)

<input type="checkbox"/> 0 Not a graduate of, and no longer enrolled in high school	<input type="checkbox"/> 2 Currently enrolled in adult high school	<input type="checkbox"/> 4 Passed GED/ certificate of equivalency	<input type="checkbox"/> 6 Foreign secondary school diploma /Certificate of Graduation
<input type="checkbox"/> 1 Special admit student currently enrolled in K-12th grades	<input type="checkbox"/> 3 Received a high school diploma	<input type="checkbox"/> 5 Received Certificate of Cal. H.S. Proficiency	<input type="checkbox"/> 7 Received Associate's Degree
			<input type="checkbox"/> 8 Received Bachelor's Degree or higher

20 Residency Information

State laws regulate student fees on the basis of California residence. This statement is a certification necessary to administer the laws.

OFFICE USE ONLY Residence Code _____
 Residence Date _____

A Have you lived in California since birth?

Yes, skip to question C.
 No, list where you lived previously and the beginning and ending dates of your residence in that state or country.
 From _____ year To _____ year State/Country _____
 No, but I am eligible for AB-540 status.

B If you answered NO to question A, and you want to be considered a California resident for enrollment purposes, answer the residency questions in both sections below.

What state do you consider as your permanent home? _____

If California, when did your present stay begin (Month/Day/Year)? _____ / _____ / _____

Are you an active member of the US military or a dependent? yes no

Are you a dependent of a parent who is a California resident? yes no

Have you, or if you are under 19 years of age, have your parents, any time during the past two years:

Registered to vote in a state other than California? yes no

Petitioned for divorce in another state? yes no

Been declared a non-resident of California for state income tax purposes? yes no

Attended an out-of-state institution as a resident of that other state? yes no

If you are unmarried and under 19 years of age, have you lived with one or both parents for the past two years at a California address? yes no

If YES, give the address _____

C Citizenship Select ONE.

<input type="checkbox"/> US Citizen	<input type="checkbox"/> Temporary Resident / Amnesty	<input type="checkbox"/> Student Visa (F-1 or M-1)	<input type="checkbox"/> Other Status _____
<input type="checkbox"/> Permanent Immigrant	<input type="checkbox"/> Refugee / Asylum	<input type="checkbox"/> AB-540 Eligible (see Schedule for details)	
A# (optional) _____	Applied/Issue Date _____		

SIGNATURE REQUIRED Read the following CAREFULLY before signing

I declare under penalty of perjury that the statements and information submitted in this Admissions Application are true and correct. I understand that all materials submitted by me for purposes of admission are true and correct. Falsification, withholding pertinent data or failure to report changes in residency or education status may result in District action. I understand that all materials submitted by me for purposes of admission become the property of the San Jose/Evergreen Community College District. In registering for future terms, I agree to provide true and correct information about any changes in my educational status.

SIGNATURE OF STUDENT _____ DATE _____

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Information entered by _____ Date _____

Residency Status 1 FC 2 INST 3 OST 4 OSTE Special Admit: R-40 on file R-42 on file

Student Type 1 CSEA 2 EMPL 3 IHSC 4 INT 5 OHSC 6 OSHS 7 REG

Colleague ID# _____ (No SS#, Add ID# to DADD)

Application Status Incomplete Accepted Remarks _____

NAE SHAP FINF PERC SPRO ASPR DADD PPIN SREP STRK STAL