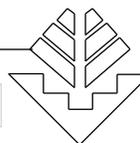


APPLICATION FOR ADMISSION

San Jose/Evergreen Community College District



OFFICE USE ONLY

Colleague ID # _____

Date _____

Initials _____

NAME

Term & College for which you are applying:

FALL SPRING SUMMER YEAR _____

Admissions Application for

Evergreen Valley College

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

1 Legal Name

Last Name _____ First Name _____ Middle Initial _____

2 Address

Number & Street _____ Apt. Number _____

City _____ State _____ Zip Code _____

3 Telephone Number

Mobile _____ Home _____

4 Origin Walk-In Email Mail

5 Social Security Number

_____ (Necessary for Financial Aid applicants)

6 Birth Date

MM ____ DD ____ YY ____

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 Decline to State |
| | <input type="checkbox"/> H Hispanic | <input type="checkbox"/> P Pacific Islander | |

8 Gender Male Female

9 E-Mail Address _____

10 Major/Academic Program CODE _____

11 Admit Status (Fill in the one which best applies to you)

- N I am attending college for the first time after high school.
- 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)

12 Student's Educational Goal (Choose One)

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

13 Are you eligible for Veteran's Benefits?

yes no If yes: Self As a Dependent

14 Language most frequently Spoken/Written: (Choose one - optional)

English Spanish Tagalog Vietnamese Chinese

Other _____ specify

15 Fill in the categories that are of interest to you:

- | | | |
|--|--|---|
| <input type="checkbox"/> 1 Financial Aid Assistance | <input type="checkbox"/> 6 Basic Skills Assistance | <input type="checkbox"/> 11 Latino Student Special Programs |
| <input type="checkbox"/> 2 Child Care Services | <input type="checkbox"/> 7 Tutoring Assistance | <input type="checkbox"/> 12 African-American Special Programs |
| <input type="checkbox"/> 3 Disabled Student Services | <input type="checkbox"/> 8 English as a Second Language (ESL) | <input type="checkbox"/> 13 Intercollegiate Athletic Programs |
| <input type="checkbox"/> 4 Transfer Center Services | <input type="checkbox"/> 9 Extended Opportunity Program & Services (EOP&S) | <input type="checkbox"/> 14 Asian-Pacific Special Programs |
| <input type="checkbox"/> 5 Job/Career Assistance | <input type="checkbox"/> 10 Student Government & Activities | <input type="checkbox"/> 15 Accelerated Transfer Programs |

16 Sport _____ specify

LAST

FIRST

M.I.

16 Institutional History (HS) High School Last Attended _____ City _____ State _____ HIGH SCHOOL CODE _____
 From _____ To _____
 year year

17 Institutional History (Coll) College Last Attended _____ City _____ State _____ COLLEGE CODE _____
 From _____ To _____
 year year

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

<input type="checkbox"/> 1 Received a high school diploma	<input type="checkbox"/> 3 Received Certificate of Cal. H.S. Proficiency	<input type="checkbox"/> 5 Not a graduate of, and no longer enrolled in high school	<input type="checkbox"/> 7 Foreign secondary school diploma /Certificate of Graduation
<input type="checkbox"/> 2 Passed GED/ certificate of equivalency	<input type="checkbox"/> 4 Currently enrolled in adult high school	<input type="checkbox"/> 6 Special admit student currently enrolled in K-12th grades	<input type="checkbox"/> 8 Received Associate's Degree
			<input type="checkbox"/> 9 Received Bachelor's Degree or higher

19 Residency Information **OFFICE USE ONLY** Residence Code _____
 State laws regulate student fees on the basis of California residence. Residence Date _____
 This statement is a certification necessary to administer the laws.

A From the date of this application, have you continuously lived in California for at least one year and one day?

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

B If you answered NO to part 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"/> AB-540 Eligible (see Schedule for details) | <input type="checkbox"/> Refugee / Asylum |
| <input type="checkbox"/> Permanent Immigrant | <input type="checkbox"/> Student Visa (F-1 or M-1) | <input type="checkbox"/> Temporary Resident / Amnesty |

A# _____ 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 _____

OFFICE USE ONLY

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 OHSH 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