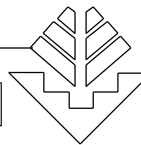


APPLICATION FOR ADMISSION

San Jose/Evergreen Community College District



OFFICE USE ONLY

Colleague ID # _____

Date _____

Initials _____

Term or Semester You are applying for: ☐ FALL ☐ SPRING ☐ SUMMER YEAR College you are applying 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

- ☐ A Asian
☐ AA African/American
☐ AC Asian/Chinese
☐ AI Asian/Indian
☐ AJ Asian/Japanese
☐ AK Asian/Korean

- ☐ AL Asian/Laotian
☐ AM Asian/Cambodian
☐ AV Asian/Vietnamese
☐ AX Asian/Other
☐ C Caucasian/Non-Hispanic
☐ FI Filipino
☐ H Hispanic

- ☐ HCA Hispanic/Central America
☐ HM His/Mex Hisp/Amer
☐ HSA Hispanic/South America
☐ HX Hispanic/Other
☐ NA Native American
☐ OTH Other Non-White
☐ P Pacific Islander

- ☐ PACG Pac Islander/Guam
☐ PACH Pac Islander/Hawaiian
☐ PACS Pac Islander/Samoa
☐ PACX Pac Islander/Other
☐ UNK Unknown
☐ XD Decline to State

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)

- ☐ 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)

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:

- ☐ 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

NAME

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

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