

ADMISSIONS AND RECORDS OFFICE

5055 Santa Teresa Blvd. Gilroy CA 95020

Phone 408.848.4735 • Fax 408.846.4940 • Website www.gavilan.edu

APPLICATION FOR ADMISSION

This application is to be completed by new students and those students who have been absent from Gavilan for two (2) or more semesters. Completed applications should be submitted to the Admissions and Records Office *at least eight (8) business days prior to registering for classes.*

Welcome

Welcome to Gavilan College!

Students and teaching are our top priorities.

Whether you are preparing for transfer to a four-year college or university, seeking a degree or certificate, taking classes to improve skills or investigate a new career, we are pleased that you have chosen Gavilan.

PLEASE NOTE: To determine if your application has been processed yet, follow these instructions:

1. Wait at least 8 to 10 business days, and then go to www.gavilan.edu/mygav
2. Click on the “get your GAV ID” link.
3. Enter your last name and first name exactly as you indicated on the application
4. Enter your social security number (SSN)*
5. Enter your date of birth

RESULT: If your application has been processed, the next screen you see will indicate your Gavilan ID (G00*****) and a temporary PIN. You may then login and set up your personal PIN and Hint question and answer.

If you are unable to arrive at the next screen

- A. Your application has not been processed yet, wait a day and try again OR
- B. You did not include a SSN on your application (go to the Admissions & Records Office for assistance) OR
- C. You did not type in your last name/first name exactly as it appears on your application—try again, (or go to the Admissions & Records Office for assistance).

* A Social security number is required to login to MyGav. If you do not have, or do not wish to use, a social security number, you must go in person to the Admissions & Records office for assistance.

To Our Applicants: In compliance with the Student Right-to-Know and Campus Security Act of 1990 (Public Law 101-542) the annual Campus Security Report, transfer and completion rates are available on the college website at www.gavilan.edu/safety and www.gavilan.edu/research. Paper copies of the Campus Security Report are available upon request.

You may find transfer and completion rates for other California community colleges online at <http://srtk.cccco.edu/index.asp>.

Note: Dependents of service-connected disabled or service-connected deceased veterans may be eligible for a waiver of fees. Contact the Veterans Coordinator in the Office of Financial Aid on the Gavilan campus or your local County Veteran Service Office for information and assistance.

1 NAME
(As listed on legal documents) Last Name First Name Middle Name _____
 Current Mailing Address _____
 Street _____
 City State Zip _____
 Home Phone _____ Email _____
 Cell Phone _____ Name on Previous Gavilan Records: _____

SOCIAL SECURITY # _____
 GAVILAN ID # _____
G00

2 GENDER Male Female
3 BIRTHDATE _____
 Month Day Year
PLACE OF BIRTH _____
 State or Country

4 CITIZENSHIP
 1. U.S. Citizen
 2. Permanent Resident: INS Number _____ Date Issued _____
 3. Temporary Resident: INS Number _____ Date Issued _____
 4. Refugee/Asylee (verification required)
 5. F-1 Student Visa _____ Enter Appropriate Number in Box
 6. Other (specify) _____

5 MARITAL STATUS
 Unmarried _____
 Married _____
 Decline to State _____

6 ETHNICITY AND RACE
 Are you of Hispanic or Latino ethnicity? Yes No (Hispanic-A person of Cuban, Mexican, Puerto Rican, South American or other Spanish culture or origin, regardless of race.)
 What is your race? Circle one or more:
 1 Hispanic, Latino 6 Asian: Indian 11 Asian: Cambodian 16 American Indian/Alaskan Native
 2 Mexican-American, Chicano 7 Asian: Chinese 12 Asian: Vietnamese 17 Pac. Islander: Guamanian
 3 Central American 8 Asian: Japanese 13 Filipino 18 Pac. Islander: Hawaiian
 4 South American 9 Asian: Korean 14 Asian 19 Pac. Islander: Samoan
 5 Hispanic Other 10 Asian: Laotian 15 Black or African-American 20 Pac. Islander: Other 21 White

7 STUDENT TYPE
 1 NEW, never attended any college
 2 NEW TRANSFER, attended college other than Gavilan
 3 RETURNING, last attended Gavilan but not last semester.
 Date of last attendance at Gavilan: Semester _____ Year _____

Enter Appropriate Number in Box

8 EDUCATIONAL GOALS
 1 Personal Interest, not for employment
 2 Transfer to a 4-year College WITH AA, AS Degree
 3 Transfer to a 4-year College WITHOUT AA, AS Degree
 4 Associate Degree, General Education
 5 Associate Degree, Vocational
 6 Vocational Certificate
 7 Discover/Formulate Career Interests, Plans, Goals
 8 Job Skills, to Prepare for a New Job/Career
 9 Enhance Present Job Skills
 10 Maintain Certificate or License (e.g., Nursing)
 11 Improve Basic Skills in English, Reading, or Math
 12 Complete Credits for High School Diploma or GED
 13 Undecided on Goal

Enter Appropriate Number in Box

9 STUDENT EDUCATION LEVEL (Highest level of education)
 1 Not a graduate of, and no longer in high school
 2 High school student (currently enrolled in grades 9-12)*
 3 Currently Enrolled in Adult School
 4 Received High School Diploma **
 5 Received GED or Certificate of Equivalency/Completion
 6 Received Certificate or High School Proficiency Exam
 7 Foreign High School Graduate
 8 Received an Associate Degree
 9 Received a Baccalaureate or Higher Degree ***
 * Date of Expected H.S. Graduation **Year of H.S. Diploma ***Year Degree Conferred

Enter Appropriate Number in Box

10 HIGH SCHOOL LAST ATTENDED
 _____ 010236 Ann Sobrato _____ 433299 Hill (Andrew) _____ 274405 Notre Dame (Salinas) _____ 353650 San Benito Eve
 _____ 353006 Anzar _____ 433352 Leland _____ 433520 Oak Grove _____ 433002 Santa Teresa
 _____ 433448 Central _____ 433363 Lick (James) _____ 433542 Overfelt _____ 433790 Silver Creek
 _____ 840118 Christopher High _____ 433395 Live Oak _____ 274413 Palma _____ 011449 TJ Owens (GECA)
 _____ 433061 El Portal _____ 433485 Mt. Madonna (Gilroy) _____ 273455 Salinas _____ 443790 Watsonville
 _____ 433283 Gilroy _____ 053711 Mt. Madonna (Watsonville) _____ 353002 San Andreas Continuation _____ 433895 Willow Glen
 _____ 433008 Gunderson _____ 273317 North Salinas _____ 353700 San Benito

Name & Location of High School if Not Listed Above Name _____ City _____ State _____

11 MAJOR (at Gavilan)
 Major _____ AA _____ AS _____ Certificate _____

12 FOSTER YOUTH/GUARDIAN SCHOLAR
 Are you or were you in foster care and interested in learning about additional resources and services you may be eligible for? Yes No

13 COLLEGES ATTENDED (List last college attended first)
 College: _____ City _____ State _____ Dates: from _____ to _____
 College: _____ City _____ State _____ Dates: from _____ to _____

STATEMENT OF LEGAL RESIDENCE

Name _____ Gavilan ID# or Social Security# _____
Last First Middle Initial

Address _____
Street

City State Zip Date of Birth _____

PART A

To Be Completed By All Applicants

Have you lived in California for the past two years?

Yes _____ If you answered "Yes" and you are unmarried and under the age of 19, go to Part B, otherwise, skip to Part C.

No _____ If you answered "No", complete the following:

- Date present stay in California began _____
- Do you intend California to be your permanent residence? Yes ___ No ___
- Did you file California State Income Tax for 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 ___
- Drivers License or ID Card? State: _____ Date Issued: _____
- Registered to Vote? State: _____ Date Registered: _____
- Vehicle Registration? State: _____ Date Issued: _____
- Other Proof of Residency in California _____
- List states lived in for the last two years and the dates:
State: _____ from _____ to _____
State: _____ from _____ to _____

PART B

To Be Completed About Your Parents or Legal Guardian If You Are UNMARRIED and UNDER the AGE OF 19

I have lived continuously for the past two years with one or both of my parents and he/she/they have lived continuously for the past two years at the California address noted below:

Street City State

Yes ___ If "Yes", Check one: Both Parents ___ Mother ___ Father ___ Legal Guardian ___

No ___ If "No" and you wish to be considered a California resident, please complete the following about your parent(s) or legal guardian:

- Did they file California State Income Tax the last two years? Yes ___ No ___
- Do(es) he/she/they have any of the following?
- Driver's License or ID card State: _____ Date Issued: _____
- Vehicle Registration? State: _____ Date Issued: _____
- Voter Registration? State: _____ Date Registered: _____
- Other Proof of Residency in California _____

PART C

To Be Completed by Active Military Persons, Dependents, or Veterans Discharged Within the Last Year

- Are you a member of the military? Yes ___ No ___
- Are you a dependent of an active military person? Yes ___ No ___
- When did your or your sponsor's tour begin in California? _____
- What is your state of legal residence on military records? _____

Note:

Active duty military persons and/or dependents must provide a statement from the commanding officer stating the date of assignment and that the assignment to California is not for educational purposes. Dependents must also provide a letter stating that they are the dependent of a military person for the purposes of Federal Tax exemption.

PART D US Military / Dependent of Military Status

Student's military service status, report all that apply.

- 1 Currently serving on active duty yes___ no___
- 2 Veteran yes___ no___
- 3 Member of the Active Reserve yes___ no___
- 4 Member of the National Guard yes___ no___

If you are a dependent child or spouse of an active member of the U.S. military, answer the following questions about your parent/guardian or spouse. Report all that apply.

- 1 Parent/guardian or spouse is currently on active duty yes___ no___
- 2 Parent/guardian or spouse is a veteran yes___ no___
- 3 Parent/guardian or spouse is a member of the Active Reserve yes___ no___
- 4 Parent/guardian or spouse is a member of the National Guard yes___ no___

PART E Student's Parent/Guardian Education Level

Regardless of your age, please indicate the education levels of your parents and/or guardians

Parent/Guardian 1:

- 1 Grade 9 or less
- 2 Grade 10, 11, or 12 but did not graduate
- 3 High School graduate
- 4 Some college but no degree
- 5 AA/AS degree
- 6 BA/BS degree
- 7 Graduate or professional degree beyond a BA/BS
- Y Not applicable, no first parent/guardian
- X Unknown/unreported

<input type="text"/>	Enter appropriate number in box
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Parent/Guardian 2:

- 1 Grade 9 or less
- 2 Grade 10, 11, or 12 but did not graduate
- 3 High School graduate
- 4 Some college but no degree
- 5 AA/AS degree
- 6 BA/BS degree
- 7 Graduate or professional degree beyond a BA/BS
- Y Not applicable, no first parent/guardian
- X Unknown/unreported

<input type="text"/>	Enter appropriate number in box
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PART F To Be Signed by Applicant

I declare under penalty of perjury that the statements submitted by me in connection with this application and for determination of residency are true and correct. All materials submitted by me for purposes of admission become the property of Gavilan College. I understand that falsification, withholding pertinent data, or failure to report changes in residence may result in my dismissal from the College.

Student's Signature

Date