## Major & Occupational CODES

### Business & Management
- Accounting: 050200
- Business Mgmt. & Admin: 050600
- General Bus. (transfer): 050100
- General Clerical: 051400

### Communication
- Communication, General: 060100
- Journalism: 060200
- Media Arts: 060300
- Interpersonal Communication: 493011

### Computer Science & Information Systems
- Comp Sci & Info Sys: 070100
- Data Processing, General: 070100

### Education
- Child Development: 130500
- Special Vocational Education: 080800

### Fine & Applied Arts
- Art, General: 100200
- Music, General: 100500
- Performing Arts: 100700

### Foreign Languages
- Spanish: 110600

### Health Services
- Nursing Assistant: 123030
- Registered Nursing: 123010
- Vocational Nursing: 123020

### Letters
- English as a Second Language: 493080
- Humanities: 150000
- Language Arts: 493020

### Public Affairs & Services
- Admin of Justice, Law Enforcement: 210500
- Admin of Justice, Academy: 210650
- Admin of Justice, Corrections: 210510
- Fire Technology: 213300

### Sciences
- Biological Science: 040110
- Health Science: 083700
- Mathematics: 170100
- Physical Science & Engin: 190100
- Physical Education: 083500

### Social Sciences
- Humanities & Social Science: 220801
- Psychology: 200100
- Social Science, General: 220100

### Technical Trades
- Aviation Maintenance: 095000
- Cosmetology: 300700
- Computer Graphics and Design: 095300

### Others, not otherwise listed
- Undeclared: 000000
- Liberal Arts: 490000
- Liberal Arts, University Studies: 490100
- General Studies: 493000

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## Gavilan College's High Tech Center

Provides students with disabilities access to computers and computer training through state-of-the-art Assistive Computer Technology.

The skills and knowledge the student gains in the HTC can be taken to other college and university campuses and ultimately to the work place.

### Who Can Benefit?
- The student with low vision can enlarge text and graphics on the monitor.
- Blind computer users can use a screen reading program that reads the screen aloud.
- Students with learning disabilities or visual impairments can use a machine that scans text and reads it aloud.
- Students with physical disabilities can learn to use a speech recognition system or an alternative mouse.
- Students with reading difficulty use a program which highlights their writing on the monitor as it reads it aloud.

Disability Resource Center - LI 117
For more information call 408-848-4865 or visit www.gavilan.edu/drc

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## Educational Support Services for Students with Disabilities

Completion of this form is optional. Any information you provide will be strictly confidential. Please return it to the Disability Resource Center (DRC) or the Admissions and Records Office at Gavilan College. For more information on available services, contact DRC at (408) 848-4865.

Name: _____________________________________________
Address: ______________________________________________
______________________________________________
SSN: ____________________    Phone: _____________

Please check any of the following that currently apply:

- [ ] Mobility
- [ ] Acquired Brain Injury
- [ ] Visual
- [ ] Learning Disability
- [ ] Other Physical
- [ ] Developmental Disability
- [ ] Hearing
- [ ] Psychological Impairment
- [ ] Speech
- [ ] Yes, I would like to be contacted regarding supportive services
APPLICATION - Fall 2006

Name: ___________________________________  Social Security #: ________-_____-________
Address: ________________________________  Phone: (______) __________-____________
City: ___________________________________  Cell Phone: ___________________________
Zip Code: _______________________________  Email: __________________________________

I would like to transfer to: _____California State University  _____ University of California

_____ Private College/University  _____ Not sure which system

Are you working while attending college?  ___Yes (# of hours per week _____)  ____No

Are you eligible for financial aid?  _____Yes  _____No  _____ Don’t Know

High School Graduate?  _____Yes  _____No  _____GED  Year Graduated:_______________
Name of High School:________________________________________   City:______________________  State:______

Major:___________________________________________  Currently Undecided:__________________________

Please describe your career goal:_____________________________________________________________________

_____________________________________________________________________________________________________

Please describe why you want to be in the Transfer Institute:________________________________________________

_____________________________________________________________________________________________________

For office use only:

Placement/Assessment Scores:  ___________Reading        _________Writing      ____________Math

Intent to Register:

I agree to make a full commitment to the Transfer Institute. This commitment includes the following:

☐ Complete 30 transferable units in an Academic Year
☐ Work with a counselor on a regular basis.
☐ Participate in Transfer Institute activities

Student Signature:______________________________  Date:____________________

IMPORTANT, PLEASE RETURN TO:

Gavilan College Counseling Department
5055 Santa Teresa Blvd.
Gilroy, CA  95020
APPLICATION for ADMISSION

Winter Intersession __Spring ___ 2006  GAVILAN COLLEGE

1 SOCIAL SECURITY NUMBER  __  __  __

2 PLACE OF BIRTH  State or County

BIRTHDATE  Month Day Year  3 GENDER  1 Male _____  2 Female _____

4 NAME (As you wish it to appear on your records)

__________________________________  ____________________________  ____________________________
Last Name  First Name  Middle Initial

Current Mailing Address  ____________________________  ____________________________  ____________________________
Street  City  State  Zip

Phone (area code)  ____________________________  Name on Previous Gavilan Records

5 U.S. CITIZENSHIP?  Yes  No

If not a U.S. citizen, indicate status below (check one)

___  2 Permanent Resident: INS Number _____________________  Date Issued ___________________

___  3 Temporary Resident: INS Number _____________________  Date Issued ___________________

___  5 Refugee/Asylee  7 Other Visa Type _____________________

___  6 Foreign Student (F-1 or M-1) & 1-94 Expiration Date __________

6 PRIMARY LANGUAGE

Is English your primary spoken language?  Yes ____  No ____

7 PREDOMINANT ETHNIC BACKGROUND

10 White, Non-Hispanic  26 Vietnamese  43 South American  64 Other Pacific Islander

21 Chinese  27 Indian Subcontinent  44 Other Hispanic  70 Filipino

22 Japanese  28 Other Asian  50 American Indian, Alaskan  80 Other Non-White

23 Korean  30 African-American  61 Guamanian  99 Decline to State

24 Lactian  41 Mexican  62 Hawaiian

25 Cambodian  42 Central American  63 Samoan

8 ENROLLMENT STATUS

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  ____________________________

9 STUDENT EDUCATION STATUS (Highest level of education)

1 Not a graduate of, and no longer in High School

2 High School Student (currently enrolled in grades K-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

10 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

11 HIGH SCHOOL LAST ATTENDED

1433283 Gilroy  353006 Anzar

1433395 Live Oak  353650 San Benito Evening

143348 Central  353002 San Andreas Continuation

1433279 Gilroy Adult  433008 Gunderson

1433485 Mt. Madonna  433299 Hill (Andrew)

1433700 San Benito Joint Union  433352 Leland

Name & Location of High School if not Listed Above

12 COLLEGES ATTENDED  (List last college attended first)

College:  ____________________________  City  ____________________________  State  ____________________________  Dates:  from  __________  to  __________

College:  ____________________________  City  ____________________________  State  ____________________________  Dates:  from  __________  to  __________

13 MAJOR

14 DIRECTORY INFORMATION

15 HOURS WORKED

Approximate number of hours per week you will be employed during the semester.

16 RE-ENTRY

Check here if you have not attended any school for five or more years.

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STATEMENT OF LEGAL RESIDENCE

Name __________________________ SSN __________________________

Address __________________________

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

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 ___
• Date present stay in California began __________________
• 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 ___
• Does he/she/they have any of the following?
  • Driver’s License or ID card State: __________ Date Issued: __________
  • Voter Registration? State: __________ Date Registered: __________
  • Vehicle Registration? State: __________ Date Issued: __________
  • 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

To Be Signed by All Applicants

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
California Community Colleges

2005-2006 Board Of Governors Fee Waiver Application

This is an application to have your enrollment fees waived. This FEE WAIVER is for California residents only. If you need money to help with books, supplies, food, rent, transportation and other costs, please complete a FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) right away. Contact the Financial Aid Office for more information. The FAFSA is available at www.fafsa.ed.gov or at the Financial Aid Office.

Name: ___________________________________________________________ SSN# ___________________________________________________________

Email (if available): __________________________________________________ Telephone Number: (______) __________________________

Home Address: ___________________________ Street ___________________________ City ___________________________ Zip Code ___________________________

Date of Birth: ________/______/__________

Has the Admissions or the Registrar’s Office determined that you are a California resident? □ Yes □ No

Note: Students who are exempted from paying nonresident tuition under Education Code Section 68130.5 (AB 540) are not California residents. If you are not a California resident you are not eligible for this fee waiver. Do not complete this application.

IMPLEMENTATION OF THE CALIFORNIA DOMESTIC PARTNER RIGHTS AND RESPONSIBILITIES ACT

Recent legislation (Assembly Bill 205) extends new rights, benefits, responsibilities and obligations to individuals in domestic partnerships registered with the California Secretary of State under Section 297 of the Family Code. If you are in a Registered Domestic Partnership (RDP), you will be treated as an Independent married student to determine eligibility for this Fee Waiver and will need to provide income and household information for your domestic partner. If you are a dependent student and your parent is in a Registered Domestic Partnership, you will be treated the same as a student with married parents and income and household information will be required for the parent’s domestic partner.

**These new provisions apply to state funded student financial aid ONLY, and not to federal student financial aid.

Are you or your parent in a Registered Domestic Partnership with the California Secretary of State under Section 297 of the Family Code? (Answer “Yes” if you or your parent are separated from a Registered Domestic Partner but have NOT FILED a Notice of Termination of Domestic Partnership with the California Secretary of State’s Office.) □ Yes □ No

If you answered “Yes” to the question above treat the Registered Domestic Partner as a spouse. You are required to include your domestic partner’s income and household information or your parent’s domestic partner’s income and household information in Questions 3, 6, 7, 8, 9, 10, 11, 12.

Student Marital Status: □ Single □ Married □ Divorced □ Separated □ Widowed □ Registered Domestic Partnership

DEPENDENCY STATUS

1. Were you born before January 1, 1982? □ Yes □ No

2. As of today, are you married or in a Registered Domestic Partnership? (Answer “Yes” if you are separated but not divorced or have not filed a termination notice to dissolve partnership.) □ Yes □ No

3. Do you have children who receive more than half of their support from you, or other dependents who live with you (other than your children and spouse) who receive more than half of their support from you, now and through June 30, 2006? □ Yes □ No

4. Are you an orphan or a ward of the court, or were you a ward of the court until your 18th birthday? □ Yes □ No

5. Are you a veteran of the U.S. Armed Forces? □ Yes □ No

• If you answered “Yes” to any of the questions 1 - 5, you are considered an INDEPENDENT student and must provide income and household information about yourself (and your spouse or RDP if applicable). Skip to Question #8.

• If you answered “No” to all questions 1 - 5, complete the following questions:

6. If your parent(s) or his/her RDP filed or will file a 2004 U.S. Income Tax Return, were you, or will you be claimed on their tax return as an exemption by either or both of your parents? □ Won’t File □ Yes □ No

7. Do you live with one or both of your parent(s) and/or his/her RDP? □ Yes □ No

• If you answered “No” to questions 1 - 5 and “Yes” to either question 6 or 7, you must provide income and household information about your PARENT(S)/RDP. Please answer questions for a DEPENDENT student in the sections that follow.

• If you answered “No” or “Parent(s) won’t file” to question 6, and “No” to question 7, you are a dependent student for all student aid except this fee waiver. You may answer questions as an INDEPENDENT student on the rest of this application, but please try to get your PARENT information and file a FAFSA so you may be considered for other student aid. You cannot get other student aid without your parent(s) information.

METHOD A

8. Are you (the student ONLY) currently receiving monthly cash assistance from: TANF/CalWORKs? □ Yes □ No

SSI/SSP (Supplemental Security Income/State Supplemental Program)? □ Yes □ No

General Assistance? □ Yes □ No

9. If you are a dependent student, are your parent(s)/RDP receiving monthly cash assistance from TANF/CalWORKs or SSI/SSP as a primary source of income? □ Yes □ No

• If you answered “Yes” to question 8 or 9 you are eligible for a FEE WAIVER. Sign the Certification at the end of this form. You are required to show current proof of benefits. Ask the Financial Aid Office for the FAFSA to be eligible for other financial aid opportunities.
### METHOD B

10. **DEPENDENT STUDENT:** How many persons are in your parent(s) household? (Include yourself, your parent(s), and anyone who lives with your parent(s) and receives more than 50% of their support from your parents, now and through June 30, 2006.)

11. **INDEPENDENT STUDENT:** How many persons are in your household? (Include yourself, your spouse, and anyone who lives with you and receives more than 50% of their support from you, now and through June 30, 2006.)

12. **2004 Income Information**

   a. Adjusted Gross Income (If 2004 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 34; 1040A, line 21; 1040EZ, line 4 or Telefile, line I).

   b. All other income (Include ALL money earned in 2004 that is not included in line (a) above. Include TANF benefits, disability, Social Security, child support. Include Earned Income Credit (Form 1040 Line 65a, 1040A Line 41a or 1040EZ Line 8a) and Additional Child Tax Credit (Form 1040 Line 67 or 1040A Line 42) if applicable.

   **DEPENDENT STUDENT:**

   **PARENT(S)/ RDP INCOME**

   **INDEPENDENT STUDENT:**

   **STUDENT ( & SPOUSE’S/ RDP)**

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   TOTAL Income for 2004 (Sum of a + b) _________

The Financial Aid Office will review your income and let you know if you qualify for a FEE WAIVER under Method B. If you do not qualify using this simple method, you should file a FAFSA.

### SPECIAL CLASSIFICATIONS

13. Do you have certification from the California Department of Veterans Affairs or the National Guard Adjutant General that you are eligible for a dependent’s fee waiver? Submit certification.  
   - Yes  
   - No

14. Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a recipient, or a dependent of a victim of the September 11, 2001 terrorist attack? Submit documentation from the Department of Veterans Affairs or the CA Victim Compensation and Government Claims Board.  
   - Yes  
   - No

15. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty? Submit documentation from the public agency employer of record and income information.  
   - Yes  
   - No

   If you answered “Yes” to question 13, 14, or 15, you are eligible for a FEE WAIVER. Sign the Certification at the end of this form.

### CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW

I hereby swear or affirm, under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. **If asked by an authorized official, I agree to provide proof of this information, which may include a copy of my and my spouse/registered domestic partner and/or my parent’s/registered domestic partner’s 2004 U.S. Income Tax Return(s).** I also realize that any false statement or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or repayment of my waiver. I authorize release of information regarding this application between the college, the college district, and the Chancellor’s Office of the California Community Colleges.

**Applicant’s Signature**

**Date**

**Parent Signature (Dependent Students Only)**

**Date**

### FOR OFFICE USE ONLY

- Student is not eligible
- RDP
- Special Classification
- GA
- TANF/CalWORKs
- BOGFW-A
- BOGFW-B
- BOGFW-C
- SSI/SSP
- Notes:

Certified by: ____________________

Date: _________________

Gavilan College • Gilroy 408-848-4800 or 408-848-4735 • Hollister 831-636-3783 • Morgan Hill 408-782-2873
GAVILAN COLLEGE / HIGH SCHOOL CONTRACT FORM

- Gavilan College accepts high school students whose cumulative grade point average is at least 2.00 for advanced (transfer level courses numbered 1-99) vocational, or physical education courses for the Fall and Spring Semesters. High School students may enroll for pre-collegiate courses (courses numbered 100-400) during the summer session.

- A Gavilan application, placement assessment scores and current transcripts from the student’s school are required before this form can be reviewed by a Gavilan counselor.

- Students may enroll for a maximum of six units fall and spring semester, 4 units for summer.

- All course advisories and prerequisites are applicable.

- All credit earned at Gavilan College is “college” credit.

- A transcript of work completed at Gavilan will be sent to the recommending school at the end of the semester.

- High School contract students pay the per unit fee and provide their own texts and instructional supplies.

- All students shall conform to the college’s academic rules, regulations, and codes of conduct.

Student’s Name ________________________________________ Security Number ___________________________

Mailing Address ______________________________________________________________________________________

Tel # ____________________     Date of Birth ________________________    Last Grade Completed _________________

Semester for which student is applying:        Fall _____        Spring _____       Summer _____       200 _____

• The Student’s School Counselor/Designated School Official Recommends These Courses •

Specify recommended courses and units (Enrollment limited to courses numbered 1-99 except during the summer)

________________________________________________________________________________

________________________________________________________________________________

• Recommendations (Parent/Guardian, High School Official and Gavilan Counselor) •

1) Signature of Parent or Guardian ____________________________________________ Date _________________

   In an emergency, contact _____________________________________________________________

   NAME ____________________ TEL. # ____________________

2) Signature of Recommending School Official ____________________________________ Date _________________

   Name and Address of Recommending School _____________________________________________

   __________________________________________________________________________________

The recommendation of the school official signifies that the student is in good standing at his/her school, has a cumulative grade point average of at least 2.00, is eligible for continued enrollment, and has the ability and maturity to benefit from college-level instruction. A current transcript of the student’s coursework must accompany this form.

2a) District Verification of “Home School” registration ____________________________________________

3) The signature of a Gavilan Counselor verifies the following:

   o The placement assessment was completed on (date) ______________________
   o English Score __________ Math Score __________ DSPS exemption? __________
   o The recommended course is numbered 0 - 99 (summer term exempted).
   o A current transcript from the student’s school is attached and the student is in good standing.
   o The cumulative high school grade point average is _____________ (2.0 minimum required)

   Gavilan College Counselor ______________________ Date ______________________

4) Dean of Student Services or Designee ______________________ Date ______________________
VERIFICATION OF PREREQUISITE

To enroll for a Gavilan course that has a prerequisite that was either completed at another college or that can be verified by test scores from another college, complete the information on this form, attach appropriate documentation and submit it to the Admissions and Records Office at least one week prior to registering.

Name __________________________________________ SSN ___________________________
Address ________________________________________________________________________
______________________________________________________________________________
Tel. # ______________________________

Other name(s) used on records: ____________________________________________________

Gavilan course you wish to take:________________________________   Semester ___________

Prerequisite was met in the following manner:

Successfully completed at other college:

______________________________
name of college or university 

______________________________
title of course 

______________________________
semester/year 

ACCEPTABLE DOCUMENTATION: official transcripts of course history. Official transcripts are required if you wish to utilize the telephone registration system to register.

Satisfactory test scores from:

______________________________
name of college or university 

______________________________
date of test 

ACCEPTABLE DOCUMENTATION: official test score from testing agency or printout of test score on campus letterhead. Students providing test scores from another institution to satisfy prerequisites MUST register in person.

Counselor’s Comments:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Approved __________________ Denied __________________

Counselor’s Signature: _____________________________ Date ____________________________