



GAVILAN COLLEGE APPLICATION FOR ADMISSIONS

1 PERSONAL INFORMATION

NAME _____					GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
Legal First Name	Legal Middle Name	Legal Last Name	Suffix	Preferred Name	Previous Legal Name(s) used	
DATE OF BIRTH _____		SOCIAL SECURITY NUMBER _____		PHONE NUMBER _____		
mm/dd/yyyy		SSN used by college as means of matching student records, facilitating federal financial aid, and reporting tax related information to the IRS. However it is not needed for admission.		EMAIL ADDRESS _____		
CURRENT MAILING ADDRESS _____						
Street Address, include apartment number or suite						
CITY _____		STATE _____		ZIP CODE _____		
CITIZENSHIP <input type="checkbox"/> Enter appropriate Number in Box		ETHNICITY AND RACE <input type="checkbox"/> Enter appropriate Number in Box		MARITAL STATUS <input type="checkbox"/> Enter appropriate Number in Box		
1 US Citizen		1 Asian		1 Divorced		
2 Permanent Resident INS number _____ Date Issued: _____		2 American Indian or Alaska Native		2 Married/Registered Domestic Partner		
3 Temporary Resident INS number _____ Date Issued: _____		3 Black or African American		3 Separated		
4 Refugee/Asylee (verification required)		4 Native Hawaiian or Pacific Islander		4 Unmarried		
5 Student Visa (F-1) or (M-1)		5 Middle Eastern or North African		5 Widowed		
6 Other (specify) _____		6 White		6 Unknown or Decline to State		

2 ENROLLMENT INFORMATION

TERM APPLYING FOR <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall 20 ____	
EDUCATIONAL GOAL	
1 Obtain an associate degree and transfer to a 4-year institution	9 Educational development
2 Transfer to a 4-year institution without an associate degree	10 Improve basic skills
3 Obtain a 2-year associate degree without transfer	11 Complete credits for high school diploma or GED
4 Earn a career technical certificate without transfer	12 Move from noncredit coursework to credit coursework
5 Discover/formulate career interests, plans, goals	13 Currently enrolled 4-year college student taking community college courses to meet 4-year college requirements
6 Prepare for a new career (acquire job skills)	14 Undecided on goal
7 Advance in current job/career (update job skills)	
8 Maintain certificate or license	
MAJOR CATEGORY	
1 Arts & Media	5 Science Technology Engineering & Math (STEM)
2 Business & Info Systems	6 Short-Term Training & Skill Building
3 Exploration	7 Skilled Trades & Industry
4 Health Sciences & Wellness	8 Social Sciences & Humanities
INTENDED MAJOR OR PROGRAM OF STUDY _____	
<input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> Certificate	

3 EDUCATION

STUDENT TYPE					
1 NEW, First Time Student in college (after leaving high school), never attended any college					
2 NEW TRANSFER, First Time at Gavilan, have attended another college					
3 RETURNING, Returning Student to Gavilan after absent for a main term					
Z Adult school student in high school diploma					
HIGH SCHOOL EDUCATION					
1 Received high school diploma from U.S. school					
2 Passed a high school equivalency test and received a certificate of high school equivalency					
3 Received a Certificate of California High School Proficiency					
4 Received a diploma/certificate of graduation from a Foreign secondary school					
5 Will be enrolled in adult school and authorized to enroll in college at the same time					
6 Currently enrolled in adult school					
7 Not a graduate of, and no longer enrolled in high school					
Name and Location of High School _____					
Name	City				
COLLEGES ATTENDED (list last college attended first)					
Name of College	City	State	Date: from	Date: to	Degree (if any) <input type="checkbox"/> no degree <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor or higher <input type="checkbox"/> Certificate
					Degree date: _____
Name of College	City	State	Date: from	Date: to	Degree (if any) <input type="checkbox"/> no degree <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor or higher <input type="checkbox"/> Certificate
					Degree date: _____

STATEMENT OF LEGAL RESIDENCE

CURRENT LOCAL ADDRESS

Street Address, include apartment number or suite

City

State

Zip Code

PART A

RESIDENCY

California Residency

Have you lived in California for the past two years? Yes ☐ No ☐

Out-of-State Activities

Within the past two years have you engaged in any of the following activities? Check each activity that applies.

- | | |
|--|--|
| <input type="checkbox"/> I paid taxes outside of California | If yes, what was the most recent year? _____
yyyy |
| <input type="checkbox"/> I registered to vote outside of California | If yes, what was the most recent year? _____
yyyy |
| <input type="checkbox"/> I declared residency at a college or university outside of California | If yes, what was the most recent year? _____
yyyy |
| <input type="checkbox"/> I filed for a lawsuit or divorce outside of California | If yes, what was the most recent year? _____ |

Special Residency Categories

Have you ever been in court-ordered foster care? Yes ☐ No ☐

If yes, when did you exit foster care?

- ☐ I am currently in foster care (including extended foster care after age 18)
☐ I exited the foster care system on or after my 16th birthday
☐ I exited the foster care system before my 16th birthday
☐ I am not sure at what age I exited foster care

PART B

U.S. MILITARY/DEPENDENT OF MILITARY

- 1 None apply to me
2 I am currently serving on active duty
3 My parent/guardian/spouse is currently serving on active duty
4 I served in the U.S. military (veteran)
5 My parent/guardian/spouse served in the U.S. military (veteran)
6 I am a member of the Active Reserve
7 My parent/guardian/spouse is a member of the Active Reserve
8 I am a member of the National Guard
9 My parent/guardian/spouse is a member of the National Guard

If active, What is your state of legal residence on military records

Home of Record (DD214)

Enter appropriate
Number in Box
US Military/
Dependent

PART C

PARENT/GUARDIAN EDUCATION LEVELS

Regardless of your age, please indicate the education levels of the parents and/or guardians who raised you.

Parent/Guardian 1

- 1 Grade 9 or less
2 Some high school; did not graduate
3 High School graduate (diploma, GED, or equivalent)
4 Some college credit; no degree
5 Associate's degree (for example; AA, AS)
6 Bachelor's degree (for example; BA, BS)
7 Graduate degree (Master's, Ph.D, or professional degree)
8 Unknown
9 No parent or guardian raised me

Parent/Guardian 2

- 1 Grade 9 or less
2 Some high school; did not graduate
3 High School graduate (diploma, GED, or equivalent)
4 Some college credit; no degree
5 Associate's degree (for example; AA, AS)
6 Bachelor's degree (for example; BA, BS)
7 Graduate degree (Master's, Ph.D, or professional degree)
8 Unknown
9 No parent or guardian raised me

Enter appropriate
Number in Box
Parent/Guardian 2

Enter appropriate
Number in Box
Parent/Guardian 1

SUPPLEMENTAL QUESTIONS

EMERGENCY CONTACT

First Name

Last Name

Phone

Relationship to you

Street Address, include apartment number or suite

City

State

Zip Code

TO BE SIGNED BY APPLICANT

I declare under penalty of perjury that the statements and information submitted by me in connection with this application and for determination of residency are true and correct. All the materials and information submitted in this application pertains to me and for purposes of admission become the property of Gavilan College.

I understand that falsification, withholding pertinent data, or failure to report changes in residency may result in District action and dismissal from the College.

Student's Signature

Date