



ADMISSIONS APPLICATION

1. Application Year: _____ Term(s): Fall (Aug – Dec) Spring (Feb – Jun)
 Summer (Jun – Aug) Intersession (Jan – Feb)

2. Social Security Number: _____ - _____ - _____ 3. Date of Birth: ____/____/____

4. Gender M F Jr. Sr. _____
Last Name First Name MI

5. Previous Names Used: _____
Last Name First Name MI

6. Mailing Address: (US Addresses Only) _____
No. Street Apt. City State Zip

7. Legal Permanent Address: (No/P.O. Box) _____
No. Street Apt City State Zip

8. Home Telephone Number: (_____) _____ Alternative Number: (_____) _____

9. Citizenship: (Select One) US Citizen (1)
 Non-US Citizen: Permanent Resident (2) Temporary Resident/Amnesty (3)
 Refugee/Asylee (4)
 Student Visa (5) Visa Type _____
 Other Status (6) Type _____

10. Ethnicity: (Select One) **Hispanic or Latino** Yes (01) No If Yes, Check One or More
 Mexican, Mexican-American, Chicano (02) Central American (03)
 South American (04) Hispanic: Other (05)

11. What is your race: Check One or More:
 Asian: Indian (06) Asian: Korean(09) Asian: Vietnamese (12)
 Asian: Chinese (07) Asian: Laotian (10) Asian: Filipino (13)
 Asian: Japanese (08) Asian: Cambodian (11) Asian: Other (14)
 Black or African American (15)
 American Indian/Alaskan Native (16)
 Pacific Islander: Guamanian (17)
 Pacific Islander: Hawaiian (18)
 Pacific Islander: Samoan (19)
 Pacific Islander: Other (20)
 White (21)

12. FERPA Notification: Under notification of the Family Education Rights & Privacy Act, you may at the time you apply, direct the College to withhold Release of Directory Information to persons or agencies not covered by your name, address, phone number, dates of attendance, major field of study, awards/degrees received, date of birth and most recent institution previously attended. Do you wish AVC to withhold your Directory Information? Yes No

13. Major Academic Program: _____ (See the List of Major Codes)
Major Code

14. Student Type/Enrollment Status: (Select one)
 First time college student (1) First time AVC (transfer from another college) (2)
 Returning to AVC (after attending other colleges) (3) Returning to AVC (4)
 Continuing (5) Concurrent Enrollment/Special Admit/K-12 grade (Y)

15. a. Have you lived in California for at least the last 2 years? Yes No
If no, when did your CURRENT stay in California begin? _____
Month Day Year

b. Do you intend to maintain California as your state of legal residence? Yes No

c. List places (states or countries) and dates you have lived in the last two years before your present stay in California began:
State/Country _____ From _____ To _____ State/Country _____ From _____ To _____
State/Country _____ From _____ To _____ State/Country _____ From _____ To _____

d. At any time during the past two years have you: (if you are under 19 years of age, answer for your parents)

Maintained voter registration or voted in another state? Yes No If yes dates _____

Been declared a non-resident for California state income tax purposes? Yes No If yes dates _____

Petitioned for divorce in another state? Yes No If yes dates _____

Attended an out-of-state institution as a resident of that state? Yes No If yes dates _____

e. Are any of the following in the active military?

Self (1) Parent (2) Guardian (3) Spouse (4) None (5)

f. If you are active duty military provide home of record according to your current military records: State: _____

g. If you are separated from the military, provide your home of record according to your discharge records and your date of separation: State (Home of Record) _____ Date of Separation _____

Month Day Year

16. Educational Status/Educational Level: (Highest Level Completed)

- H.S. Diploma, or will receive before term begins (3XX)
- Not a graduate of, and no longer enrolled in H.S. (000)
- Will be enrolled in college and H.S. at the same time (100)
- Currently enrolled in adult school (200)
- Passed GED, or received a H.S. certificate of equivalency (4XX)
- Received a certificate of California High School Proficiency (5XX)
- Received a foreign secondary school diploma (6XX)
- Received an associate degree (7XX)
- Received a bachelor's degree or higher (8XX)
- Unknown/unreported (XXX)

17. Educational Goals: What is the education achievement you wish to complete? (Select One only)

- Obtain an associate degree and transfer to a 4 year inst. (A)
- Transfer to a 4-year inst. w/o an associate degree (B)
- Obtain a 2- year associate degree w/o transfer (C)
- Obtain a 2- year vocational degree w/o transfer (D)
- Earn a vocational certificate w/o transfer (E)
- Explore career interests, plans, goals (F)
- Prepare for a new career (acquire job skills) (G)
- Advance in current job/career (update job skills) (H)
- Maintain certificate or license (I)
- Personal/Educational development (intellectual, cultural) (J)
- Improve basic skills (English, Reading, Math) (K)
- Complete credits for H.S. diploma or GED (L)
- Undecided on goal (M)

18. How many hours do you work per week? 1 - 9 Hours (A) 10-19 Hours (B) 20-29 Hours (C)
 30-39 Hours (D) 40 or more hours (E) None (N)

19. Are you a veteran of the United States Armed Forces? Yes (VET) No

20. Special Support Services: AVC is committed to your educational success. Each area listed provides special services. Please indicate those services that would benefit or interest you.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Disabled (DSP) | <input type="checkbox"/> Learning Disabled (LRN) | <input type="checkbox"/> Tutoring (TUT) | <input type="checkbox"/> Financial Aid (FIN) |
| <input type="checkbox"/> Child Care (CHI) | <input type="checkbox"/> Transfer (TFR) | <input type="checkbox"/> Employment Assistance (EMP) | <input type="checkbox"/> Pre-Collegiate Basic Skills (PCBS) |
| <input type="checkbox"/> ESL (ESL) | <input type="checkbox"/> EOPS (EOP) | <input type="checkbox"/> CalWORKS (CALW) | <input type="checkbox"/> None of the Above (NON) |

21. Is English your first language? Yes (E) No (N)

22. High School: Name _____ City _____ State _____
Years Attended From _____ To _____ Graduated? Yes No Year _____

23. Colleges/Universities: Most Recent College(s) attended: Name _____
From _____ To _____ State _____

Additional Colleges:

Name: _____ From _____ To _____ State _____

Graduated? Yes No Year _____ Type of Degree Awarded _____ Credits Earned _____

Name: _____ From _____ To _____ State _____

Graduated? Yes No Year _____ Type of Degree Awarded _____ Credits Earned _____

I understand that the statements made by me on this application are true and complete to the best of my knowledge. I also understand that any falsification constitutes perjury and may be legal basis for my dismissal. I agree to abide by Antelope Valley College's policies and procedures.

Student's Signature

Date

For Office Use Only

California Resident (5) Non-Resident: Out of State (6) Non-Resident: Out of Country (8) Exempt/Non Resident Tuition (9)

Initials: _____ Date: _____