

IRVINE VALLEY COLLEGE

Please type or print clearly and complete all information on both sides. *See reverse.

Use this form as a worksheet for applying online, or submit it to the Office of Admissions and Records.

1. Social Security Number* <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2. Legal Name _____ Last First Middle Name	3. This application is for: <input type="checkbox"/> Fall 20 _____ <input type="checkbox"/> Spring 20 _____ <input type="checkbox"/> Summer 20 _____	4. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
STUDENT I.D. NO. _____	5. List other names you have used. If none, check box: <input type="checkbox"/> _____ Last First Middle Name	6. Birthdate _____ Month Day Year	7. Age _____
8. Legal Address/Residence (Do <u>not</u> use P.O. Box or business address) _____ Number Street Apt. No. _____ City State ZIP Code _____ Country I have lived at this address since: _____ Month Day Year		13. Telephone HOME: (____) _____ Area Code Number BUSINESS: (____) _____ Area Code Number	
9. If you have lived at your present address <u>fewer</u> than two years, list previous address(es): _____ From: State Month Year To: Month Year _____ From: State Month Year To: Month Year		14. Place of Birth _____ City State or Foreign Country	
10. Mailing Address (if <u>different</u> from Legal Address given above) _____ Number/Street/Apt. No./P.O. Box City/State ZIP Code		15. Full name of the <u>last</u> high school you attended _____ Name of High School _____ City State/Foreign Country Date Last Attended	
11. My present stay in California began _____ Month Day Year 11A. Were you, your spouse, or your parent(s) on <u>fulltime</u> active military duty or discharged during the last 12 months? <input type="checkbox"/> Yes — Who had military service? <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> A Parent/Legal Guardian Active military duty began in California on _____ Month Day Year <input type="checkbox"/> No		16. <u>Last</u> college attended. If none, check box: <input type="checkbox"/> _____ Name of College Dates Attended _____ City/State/Foreign Country Degree Awarded	
12. Answer the following questions about yourself if you are <u>19 years of age or older</u>. If you are <u>under</u> 19 years of age, answer the questions about your parent(s). Within the last two years, have you (or if you are <u>under</u> 19, have either of your parents)—		17. Employer: _____ 17A. Job Title: _____	
• registered to vote in a state <u>other than</u> California? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____ • filed a legal action in a state <u>other than</u> California? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____ • attended a <u>non-California</u> college/university as a resident of that state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____ • filed as a <u>non-resident</u> for California State Income Tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____		18. I am a citizen of: _____ Country 18A. If you are <u>not</u> a United States Citizen, please complete the following: 2 <input type="checkbox"/> Permanent Resident _____ Alien Number _____ Issue Date _____ 3 <input type="checkbox"/> Temporary Resident (Amnesty) _____ Expiration Date _____ 4 <input type="checkbox"/> Refugee _____ Issue Date _____ <input type="checkbox"/> Asylee _____ Date of Application _____ 5 <input type="checkbox"/> Student Visa (F1 or M1 Visa) _____ Expiration Date _____ 6 <input type="checkbox"/> Tourist (B-1/B-2) _____ Expiration Date _____ 7 <input type="checkbox"/> Other (Specify) _____ Expiration Date _____	

Please type or print clearly all information.

19. Complete this question **only** if you are **under 19** and have **never** been married.

Name of Parent or Legal Guardian: _____

Relationship to you: Father Mother Legal Guardian Other _____

Is this person a: U.S. Citizen Permanent Resident Alien Other _____

Last residence of this person: _____
From: State Month / Year To: State Month / Year

20. Ethnic Identity* (Please enter number in box below.)

- | | |
|--|--------------------------------------|
| 10 = Chinese | 41 = Central American |
| 11 = Japanese | 42 = South American |
| 12 = Korean | 49 = Other Hispanic |
| 13 = Laotian | 50 = White, Non-Hispanic |
| 14 = Cambodian | 55 = Middle Eastern |
| 15 = Vietnamese | 60 = American Indian, Alaskan Native |
| 16 = Indian Sub-Continent | 70 = Pacific Islander; Samoan |
| 19 = Other Asian | 71 = Pacific Islander; Hawaiian |
| 20 = Black, African American | 72 = Pacific Islander; Guamanian |
| 30 = Filipino | 79 = Other Pacific Islander |
| 40 = Mexican, Chicano,
Mexican American | 80 = Other Non-white |
| | 90 = Decline to state |

Disability:
 If you have a disability, please drop in and visit the Supportive Services Office at Irvine Valley College (SC 130) to ensure that your individual needs are met, or call the office at (949) 451-5243.

Number	Year

21. What is your main educational goal? (Please enter number in box below.)

- 1 = Prepare for a new career (acquire new job skills).
- 2 = Advance in current job/career (update job skills).
- 3 = Discover/develop career interests and/or educational plans and goals.
- 4 = Obtain a two-year Associate's degree (vocational) without transfer.
- 5 = Obtain a two-year Associate's degree (non-vocational) without transfer.
- 6 = Obtain a vocational certificate without transfer.
- 7 = Obtain a vocational certificate and transfer.
- 8 = Obtain a Bachelor's degree after completing an Associate's degree.
- 9 = Obtain a Bachelor's degree without completing an Associate's degree.
- 10 = Maintain a license (e.g., nursing, real estate).
- 11 = Improve basic skills in English, reading or mathematics.
- 12 = Complete credits for high school diploma or GED.
- 13 = Personal development (intellectual, cultural).
- 14 = Undecided on an educational goal.

22. What is your primary language?*(Please enter number in box below.)

- | | | | |
|--------------|--------------|-------------|---------------------|
| 1 = English | 4 = Farsi | 7 = Korean | 10 = Vietnamese |
| 2 = Armenian | 5 = Filipino | 8 = Russian | 11 = Other language |
| 3 = Chinese | 6 = Japanese | 9 = Spanish | |

23. If English is your second language, please circle Yes or No after each question below.

- | | | |
|--|-----|----|
| 1 = Do you plan to take English as a Second Language classes at Irvine Valley College? | Yes | No |
| 2 = Do you have difficulty speaking English or understanding spoken English? | Yes | No |
| 3 = Do you have difficulty reading or writing English? | Yes | No |

28. Certification:

I declare under penalty of perjury that all information on this form is correct. I understand that falsification or withholding of information required on this form shall constitute grounds for dismissal.

Signature _____

Date _____

24. Highest Educational Status (Please enter number and year in boxes below.)

- 1 = Earned a U.S. High School diploma in _____.
- 2 = Special student currently enrolled in grade 12 or below.
- 3 = Not a High School graduate; currently enrolled in adult school.
- 4 = Not a High School graduate; last attended High School in _____.
- 5 = Passed the GED or received a certificate of H.S. equivalency in _____.
- 6 = Earned California High School Proficiency Certificate in _____.
- 7 = Earned a Foreign Secondary diploma or certificate of graduation in _____.
- 8 = Earned an Associate's degree in _____.
- 9 = Received a Bachelor's or higher degree in _____.

Number	Year

25. Enrollment Status (Please enter number in box below.)

- 1 = First-time college student.
- 2 = First time at Irvine Valley College, transferred FROM another college.
- 3 = Returning to Irvine Valley College AFTER attending another college.
- 4 = Returning to Irvine Valley College WITHOUT having attended another college.
- 5 = Enrolling in college WHILE attending school in 12th or lower grade. GRADE _____
 Anticipated date of graduation _____

26. College units or degree completed by first day of this term.
 (Please enter number in box below.)

- | | |
|-----------------|---------------------------------|
| 1 = 0 Units | 4 = 30 to 59.5 |
| 2 = 1.5 to 15.5 | 5 = 60 or more units, no degree |
| 3 = 16 to 29.5 | 6 = AA, AS, BA, BS or higher |

27. Major Code _____

(* **NOTICE TO STUDENTS:** Your responses to questions marked with this symbol will be used for research and statistical purposes only. Refusal to provide this information will not be used to deny admission to the college or any of its programs.

If additional information is needed to determine your residence status, you will be required to complete a supplemental residence questionnaire and/or to present evidence in accordance with Education Code Sections 68040 et seq. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residence lies with the student.

NON-DISCRIMINATION POLICY:

All programs and activities of the South Orange County Community College District shall be operated in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, sex, marital status, sexual orientation, age, handicap or veteran's status.