

# GOLDEN WEST COLLEGE APPLICATION

THIS APPLICATION IS FOR:

- Fall YEAR \_\_\_\_\_  
 Spring/Intersession  
 Summer ONLY  
 Summer & Fall

OFFICE USE ONLY

ID \_\_\_\_\_

PLEASE PRINT CLEARLY

NEW STUDENT  RETURNING TO COAST DISTRICT DATE LAST ATTENDED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

1. NAME: \_\_\_\_\_ 3. \_\_\_\_\_  
Last First Middle List Prior Last Names Used

2. CURRENT ADDRESS OF RESIDENCE: \_\_\_\_\_  
Number & Street Apt. No. City State Zip

3. MAILING ADDRESS: \_\_\_\_\_  
(If different from residence) Number & Street Apt. No. City State Zip

IF UNDER 19, PARENTS CURRENT ADDRESS:

\_\_\_\_\_  
Number & Street City State Zip Mo/Yr to Mo/Yr

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RC \_\_\_\_\_

4. SOCIAL SECURITY NUMBER:

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The social security number is required for Financial Aid recipients, to generate a 1098T form for the Hope Tax Credit and to expedite student requests to transfer official school documents. You are not required to submit it for any other reason. All students will be issued a student identification number for use within the Coast Community College District.

5. BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
Month/ Day /Year

6.  MALE  FEMALE

7. TELEPHONE: (Home) ( \_\_\_\_\_ ) Work/Cell ( \_\_\_\_\_ ) EMAIL: \_\_\_\_\_

8. CITIZENSHIP (CHECK ONE)

- 1  U.S. Citizen    2  Permanent Resident    4  Refugee/Asylee    6  Other Status  
3  Temporary Resident/Amnesty    5  Student Visa (with an F-1 or M-1 visa)    X  Status Unknown  
A# \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

9. BIRTHPLACE: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

10. MARK ANY WHO ARE IN THE ACTIVE MILITARY:  Yourself  Your Parent (FMD)  Your Spouse (SMD)  None

11. ARE YOU A SINGLE PARENT WITH DEPENDENT CHILDREN?  YES  NO

12. WHEN DID YOUR PRESENT STAY IN CALIFORNIA BEGIN? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If Less Than 2 Years, List Previous Address and Dates for Those 2 Years

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Mo/Yr to Mo/Yr \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Mo/Yr to Mo/Yr \_\_\_\_\_

HAVE YOU AT ANY TIME IN THE PAST TWO YEARS (OR IF YOU ARE UNDER 19, YOUR PARENTS):

- Registered to vote in a state **other than** California? NO  YES  If yes, what year? \_\_\_\_\_  
Petitioned for divorce in a state **other than** California? NO  YES  If yes, what year? \_\_\_\_\_  
Attended an out of state institution as a resident of that **other** state? NO  YES  If yes, what year? \_\_\_\_\_  
Declared nonresidence for California state income tax purposes? NO  YES  If yes, what year? \_\_\_\_\_

13. ARE YOU HISPANIC or LATINO? Yes  No

14. WHAT IS YOUR RACE/ETHNICITY? (check one or more)

- |   |                                       |                                     |   |   |
|---|---------------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Mexican, Mexican American, Chicano | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian    | <input type="checkbox"/> Asian Other                    | <input type="checkbox"/> Hawaiian               |
| <input type="checkbox"/> Central American                   | <input type="checkbox"/> Chinese      | <input type="checkbox"/> Cambodia   | <input type="checkbox"/> Black or African American      | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> South American                     | <input type="checkbox"/> Japanese     | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Pacific Islander Other |
| <input type="checkbox"/> Hispanic Other                     | <input type="checkbox"/> Korean       | <input type="checkbox"/> Filipino   | <input type="checkbox"/> Guamanian                      | <input type="checkbox"/> White                  |

15. Would you like information regarding services for the following disabilities? (mark all that apply):

- Hearing  Learning  Speech  Mobility or Orthopedic  Health Impairment  Severe Visual Impairment

16. PRIMARY LANGUAGE:  English (E)  Not English (N)  Unknown (X)

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17. HIGH SCHOOL ATTENDED/ATTENDING:

Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_  
Attended from (year) \_\_\_\_\_ to (year) \_\_\_\_\_

18. HIGH SCHOOL GRADUATION DATE OR EXPECTED DATE OF GRADUATION : Month \_\_\_\_\_ Year \_\_\_\_\_

19. STUDENT TYPE (Mark only ONE box):

- 1  First time college student
- 2  First time at GWC, attended another college(s)
- 3  Returning to GWC, after attending other college(s)
- Y  Special admit (K-12)

20. EDUCATION LEVEL (select one):

- 0  Not a high school graduate and not currently attending High school
- 1  High school student currently enrolled in grades K-12
- 2  Attending adult school to earn high school diploma
- 3  Earned a U.S. high school diploma
- 4  Passed the GED or earned a CYA diploma
- 5  Earned a Certificate of the CA High school Proficiency Examinations
- 6  Earned a Foreign Secondary diploma
- 7  AA Degree, Year awarded \_\_\_\_\_
- 8  BA/BS Degree OR HIGHER, Year awarded \_\_\_\_\_

21 I PLAN TO ENROLL IN MORE THAN 6 UNITS:  YES  NO

22. EDUCATIONAL GOAL (select one)

- A  A.A. Degree with transfer/Bach.
- B  Bachelors Degree or higher
- C  A.A. Degree without transfer
- D  Two Yr. Vocational Degree/ No Transfer
- E  Certificate only
- F  Discover career interests or goals
- G  Prepare for new career
- H  Advance on my current job/career
- I  Maintain license/certificate
- J  Personal development/interest/cultural
- K  Improve basic skills in English, reading, math
- L  Complete credits for GED or high school
- M  Undecided

23. MAJOR: \_\_\_\_\_

24. YOUR TRANSFER PLAN (Mark only ONE box):

- Non-Transfer
- California State University
- University Of California
- California Independent College/University
- Out-Of-State College/University

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25. COLLEGIATE ACADEMIC LEVEL (Mark only ONE box):

- Never attended college
- Fewer than 15 semester units
- 15 or more semester units

26. LIST COLLEGES OR UNIVERSITIES THAT YOU HAVE ATTENDED, THE MOST RECENT FIRST:

College	City/State	From (Year)	To (Year)	Fee Status Res/NRes
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

27. I CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT AND AGREE TO COMPLY WITH THE REGISTRATION, FEE POLICY, AND ALL OTHER COLLEGE POLICIES AS SET FORTH IN THE CLASS SCHEDULE AND COLLEGE CATALOG.

THIS APPLICATION IS CONSIDERED A LEGAL DOCUMENT AND WILL BECOME A PERMANENT PART OF YOUR RECORD. FALSIFICATION OF THIS DOCUMENT MAY BE CAUSE FOR DISMISSAL AND OTHER LEGAL ACTION AS DEEMED APPROPRIATE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

It is the policy of the Coast Community College District to provide all persons with equal employment and educational opportunities regardless of race, color, gender, sexual orientation, national origin, religion, age, disability, or marital status. GWC 504/ADA Office - Forum 2, Room 105: (714) 895-8721; GWC Title 9 Office - Recreation Ed, Room 110: (714) 895-8333