



# Hartnell College

# APPLICATION FOR ADMISSION

Hartnell College • Office of Admissions and Records • 156 Homestead Avenue • Salinas, CA 93901 • Telephone: (831) 755-6711

**PLEASE ANSWER ALL QUESTIONS AND PRINT CLEARLY. Incomplete applications cannot be processed.**

**NON-DISCRIMINATION POLICY:** Pursuant to appropriate California Education Code(s) the district shall not deny any person registration or enrollment because of the individual's ethnic group identification, religion, marital status, age, sex, handicap, or other categories, as defined by or required by law.

**LEGAL NAME:** Do not use nicknames  Mr.  Miss.  Mrs.  Dr.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ (Names previously used)  
**PERMANENT MAILING ADDRESS**

P.O.Box/Number/Street/Apt.No. \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ FROM mo./yr. TO mo./yr.  
County/Country \_\_\_\_\_ Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Other Telephone \_\_\_\_\_  
Area Code Number Area Code Number/Ext. Area Code Number

**SOCIAL SECURITY NUMBER** [ ][ ][ ] -- [ ][ ][ ] -- [ ][ ][ ][ ][ ] **BIRTHDATE** \_\_\_\_\_  
Month Day Year

**Ethnic Background (choose only one)**  
 (B.) African/American  (AL) Asian/Laotian  (HM) Hispanic/S.American  (PS) Pacific Islander/Samoan  
 (N.) Native-American/Alaskan  (AV) Asian/Vietnamese  (HS) Hispanic/Other  (PX) Pacific Islander/Other  
 (AM) Asian/Cambodian  (AX) Asian/Other  (O.) Other Non-White  (AI) Asian/Indian  
 (AC) Asian/Chinese  (F.) Filipino  (PG) Pacific Islander/Guam  (W.) White/Non-Hispanic  
 (AJ) Asian/Japanese  (HR) Hispanic/Cent.American  (PH) Pacific Islander/Hawaii  (X.) Declined to State  
 (AK) Asian/Korean  (HM) Hispanic/Mex.American

**Gender:**  Male  Female  
**Marital Status:**  (10) Single  (40) Divorced  
 (20) Married  (50) Widowed  
 (30) Separated  (UN) Unknown/Uncollected  
**ADMISSION FOR:**  Fall  Spring  Summer  
**Major/Academic Program**  
(see back page for Code List)  
[ ][ ][ ] . [ ][ ][ ][ ][ ]  
Please enter appropriate code.

**Admit Status: (check one)**  (RTS) Returning Transfer Student  (HS) High School Student  
 (FT) First Time Student At Any College  (RFS) Returning Former Student  (K8) K-8 Student  
 (TRAN) First Time Transfer Student  (CT) Continuing Student

**Educational Goal** (Choose three in order of preference)  
VAWOT ① ② ③ Obtain a two-year vocational degree without transfer LIC ① ② ③ Maintain certificate or license (e.g. Nursing)  
VOCCT ① ② ③ Earn a vocational certificate without transfer EDDEV ① ② ③ Educational development (intellectual, cultural)  
BWAA ① ② ③ Obtain a bachelor's degree after completing an associate's CAR ① ② ③ Discover/formulate career interest, plans, goals BSSK ① ② ③ Improve basic skill in English, Reading or Math  
BWOAA ① ② ③ Obtain a bachelor's degree without completing an associate's JOB ① ② ③ Prepare for a new career (acquire job skills) HSDIP ① ② ③ Complete credits for High School diploma or GED  
AAWOT ① ② ③ Obtain a two-years associate's degree without transfer UPJOB ① ② ③ Advance in current job/career (update job skills) UND ① ② ③ Undecided on goal

**Citizenship (Immigration Status): (check one)**  (1) U.S. Citizen  (4) Refugee/Asylee  (5) Student Visa F-1/M-1  (6) Other Status  (7) Visitor  (8) Amnesty  
 (2) Permanent Resident - INS # A \_\_\_\_\_ Issue Date: \_\_\_\_\_  
 (3) Temporary Resident - INS # A \_\_\_\_\_ Issue Date: \_\_\_\_\_  
**Is English your native language?**  Yes  No, Spanish  Other

State laws regulate admission of students on the basis of legal residency. This statement is a certification necessary to administer the laws. 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 Educational 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.

Please Print

1. Place of birth: \_\_\_\_\_ (City/State) \_\_\_\_\_ (State or Country)  
2. Where have you resided the past 24 months?  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) From \_\_\_\_\_ (Month/Day/Year) To \_\_\_\_\_ (Month/Day/Year)  
3. Are you unmarried and under 19 years of age?  Yes  No  
Complete questions 4 - 10 below about your parents. Complete questions 4 - 10 about yourself.

For Office Use Only:  EN  SP  OT

	NO	YES	If yes, what year?
4. Filed Personal state income tax to another state?	4 <input type="radio"/>	<input type="radio"/>	_____
5. Voted in another state?	5 <input type="radio"/>	<input type="radio"/>	_____
6. Attended an out-of-state education institution as a resident of that state?	6 <input type="radio"/>	<input type="radio"/>	_____
7. Declared residency in another state for income tax purposes?	7 <input type="radio"/>	<input type="radio"/>	_____
8. Petitioned for divorce in another state?	8 <input type="radio"/>	<input type="radio"/>	_____
9. Had a valid drivers license in another state?	9 <input type="radio"/>	<input type="radio"/>	_____
10. Registered a vehicle in another state?	10 <input type="radio"/>	<input type="radio"/>	_____

**Part II - To be completed by active military persons, veterans discharged within the last year, or dependents**

Will you be on active duty in the armed services stationed in California on the opening day of the semester in which you plan to enroll?  Yes  No  
 (If "YES") When did your current duty in California begin? \_\_\_\_\_

Is California indicated on your last Leave and Earning statement?  Yes Submit your last LES  No

Were you discharged from the Armed Forces within the last year?  Yes Date of discharge \_\_\_\_\_ Submit DD214, What State? \_\_\_\_\_  No

Are you the dependent or spouse of a person on active duty in the armed services stationed in California on the opening day of the semester in which you plan to enroll?  Yes  No  
 (If "YES") When did his/her current duty in California begin? \_\_\_\_\_ Submit reporting order

**Part III - To be completed by clients of the California State Department of Rehabilitation**

Are you a client of the California State Department of Rehabilitation?  Yes  No

<p><b>FOR OFFICE USE ONLY</b></p> <p>Student type</p> <p><input type="checkbox"/> ATH <input type="checkbox"/> CW <input type="checkbox"/> HS <input type="checkbox"/> INT</p> <p><input type="checkbox"/> TEC <input type="checkbox"/> VAT <input type="checkbox"/> VET</p>	<p>Have you lived in California continuously since birth? <input type="radio"/> Yes <input type="radio"/> No</p> <p>What state do you regard as your permanent home? <input type="text"/> <input type="text"/></p> <p>If California, when did your present stay begin? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">m m d d y y</p>	<p><b>FOR OFFICE USE ONLY:</b></p> <p>1 = In Hartnell District          2 = Out of Hartnell District          4 = USA Not California          5 = Foreign Student</p> <p><input type="text"/></p>
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Do you receive VA benefits?  Yes  No      Do you intend to apply for Financial Aid?  Yes  No

**Intended Load:**  L - Less than Half Time (6)     T - Three Quarter Time (6-9)     F - Full Time (12-15)     O - Overload (>15)  
 H - Half Time (6)     NA - Not Applicable

**Hours of Employment:** \_\_\_\_\_

Emergency Information (Who to contact)  
 Name \_\_\_\_\_ Phone number \_\_\_\_\_

Institutions Attended

Name of High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ HIGH SCHOOL CODE

From: \_\_\_\_\_ To: \_\_\_\_\_ Graduated?  Yes  No Year: \_\_\_\_\_

Most Recent College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ COLLEGE CODE

Years Attended from: \_\_\_\_\_ to: \_\_\_\_\_ Graduated?  Yes  No Degree: \_\_\_\_\_

**Graduation Types (check one)**

(0)  Not a Graduate/Not in High School    (3)  Received a High School Diploma    (7)  Received Associate's Degree  
 (1)  K-12th grade    (4)  Passed GED/Cert of Equivalency    (8)  Received Bachelor's Degree  
 (2)  Enrolled in Adult School    (5)  Certificate of Proficiency    (9)  Graduate Degree or Higher  
 (6)  Foreign Secondary School Diploma

FERPA Notification: Under notification of the Family Education Rights and Privacy Act, you may, at the time you actually enroll, direct the college to withhold release of directory information to persons not employed by the college. Directory information includes student participation in officially recognized activities and sports including height and weight school of graduation of members of athletic teams; degrees, awards, and scholarships including President's and Dean's lists; names, addresses, phone number of graduates for publication in the College Alumni Directory.

**ALL APPLICANTS: Signature required**

A. I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS SUBMITTED BY ME ARE TRUE AND CORRECT. All materials submitted by me for purposes of admission become the property of Hartnell Community College. I understand that falsification, withholding pertinent data, or failure to report changes in residence may result in dismissal.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Admission Technician \_\_\_\_\_ Assessment \_\_\_\_\_ Registration Date \_\_\_\_\_  
 md:SHBC 05/2000