

Clark College *The Next Step*

1933 Fort Vancouver Way • Vancouver, WA 98663 • 360.699.NEXT • 360.992.2835 TTY • www.clark.edu

Enrollment Plans

What student classification do you consider yourself?

New (Never been to college before) Re-Entry (previously attended Clark College) Transfer (previously attended another college or university other than Clark College)

Quarter you plan to start at Clark College: (Please mark only one box)

Summer (Jun.) 20____ Fall (Sept.) 20____ Winter (Jan.) 20____ Spring (Mar./Apr.) 20____

Your intended area of study: _____

Will you attend Days Evenings Both

Personal Information

Social Security Number: _____

Assigned Student SID# _____

Gender: Female Male

Birth date: Month _____ Day _____ Year _____

Last Name: _____ First Name _____ M.I. _____

Previous Name (s): _____

Current Mailing Address _____
Street City State Zip County

Day Telephone _____ Evening Telephone _____ Cell Phone _____

Email _____

Have you spent at least one year in Washington State foster care since your 16th birthday? Yes No

Has either of your parents/legal guardians earned a bachelor's (4-year) degree? Yes No

*Your Social Security number is confidential and, under federal law called the Family Education Rights and Privacy Act (FERPA), the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosures may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.

Ethnic Identification (Optional)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 015 Alaska Native | Pacific Islander | <input type="checkbox"/> 705 Chicano/Chicana | <input type="checkbox"/> 722 Mexican |
| <input type="checkbox"/> 597 American Indian | <input type="checkbox"/> 608 Filipino | <input type="checkbox"/> 706 Chilean | <input type="checkbox"/> 723 Nicaraguan |
| <input type="checkbox"/> 870 African American/Black | <input type="checkbox"/> 660 Guamanian | <input type="checkbox"/> 707 Colombian | <input type="checkbox"/> 724 Panamanian |
| <input type="checkbox"/> 800 White/Caucasian | <input type="checkbox"/> 653 Hawaiian | <input type="checkbox"/> 708 Costa Rican | <input type="checkbox"/> 725 Paraguayan |
| <input type="checkbox"/> 799 Other Race | <input type="checkbox"/> 655 Samoan | <input type="checkbox"/> 708 Cuban | <input type="checkbox"/> 726 Peruvian |
| Asian American | <input type="checkbox"/> 681 Other Pacific Islander | <input type="checkbox"/> 710 Dominican | <input type="checkbox"/> 727 Puerto Rican |
| <input type="checkbox"/> 600 Asian Indian | Spanish/Hispanic | <input type="checkbox"/> 711 Ecuatorian | <input type="checkbox"/> 729 South American |
| <input type="checkbox"/> 605 Chinese | <input type="checkbox"/> 700 Argentinian | <input type="checkbox"/> 712 El Salvadorian | <input type="checkbox"/> 730 Spanish/Espanola/Espanolo |
| <input type="checkbox"/> 611 Japanese | <input type="checkbox"/> 701 Bolivian | <input type="checkbox"/> 716 Guatemalan | <input type="checkbox"/> 734 Uruguayan |
| <input type="checkbox"/> 612 Korean | <input type="checkbox"/> 701 Bolivian | <input type="checkbox"/> 717 Hispanic | <input type="checkbox"/> 735 Venezuelan |
| <input type="checkbox"/> 619 Vietnamese | <input type="checkbox"/> 703 Californio | <input type="checkbox"/> 718 Honduran | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 621 Other Asian American | <input type="checkbox"/> 704 Central American | <input type="checkbox"/> 720 Latino/Latina | |

Citizenship

Are you a U.S. Citizen? Yes No If no, list the country of citizenship: _____

If not a U.S. Citizen, indicate your status and alien number below. Please attach a copy (both front & back) of your I-94 or alien card.

- Temporary Resident, #A _____ Immigrant/Permanent Resident, #A _____
- Refugee/Parolee or conditional entrant, #A _____
- Visitor Visa, type _____
- International Student, F or M Visa Other, explain _____

Washington State Residency Status

- Did your parent(s) or legal guardians claim you or plan to claim you as a dependent on their federal income taxes for the:
 A: Past calendar year? Yes No
 B: Upcoming calendar year? Yes No If "no" to both questions, skip to question 4.
- If yes, how long have your parent(s) or legal guardians resided in the state of Washington? _____ years _____ months
- Have your parent(s) or legal guardians resided continuously in the state of Washington for the past 12 months? Yes No
- How long have you resided in the state of Washington? ____ years ____ months
- Have you resided continuously in the state of Washington for the past 12 months? Yes No

Military History

- Are you a **member** of the U.S. Armed Forces or Washington National Guard? Yes No
- Are you a **spouse/dependent of a member** of the U.S. Armed Forces or Washington National Guard? Yes No
- Are you currently on **active** military duty? Yes No
- Are you currently on **inactive** military duty? Yes No
 If yes, list your: Date of Separation: ____/____/____ and Home of Record: _____
- Are you a U.S. military Veteran? Yes No
If you answered "yes" to any of the above questions, please contact the Clark College Veterans Affairs Office at (360) 992-2711, as you may be eligible for Veterans Affairs benefits or tuition assistance.

Educational Background

Did you graduate from high school? Yes No If yes, Month/Year: _____

Name of school: _____ City _____ State _____

If you did not complete high school, did you complete the GED Certificate? Yes No If yes, Month/Year: _____

Note: If you are under the age of 18 and have graduated high school or received a GED certificate, please submit an official copy of your high school transcript or GED test scores.

List all colleges/universities in order of attendance. If necessary, attach an additional page. Order an official copy of all academic records from each institution and send to the Admissions Office at Clark College. You should also order a copy of your records for yourself, as we are unable to provide copies to you.

Institution Name: _____

City/State _____ Dates Attended: _____

Degree Earned: No Certificate Associates Bachelor Masters Doctorate Professional

Transcripts sent to Clark? Yes No

Institution Name: _____

City/State _____ Dates Attended: _____

Degree Earned: No Certificate Associates Bachelor Masters Doctorate Professional

Transcripts sent to Clark? Yes No

By signing this application, I certify that all the information I have provided is accurate.

Applicant's Signature: _____ Date: _____

Clark College does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, sexual orientation, gender identity, gender expression, creed, disabled veteran status, marital status or Vietnam-era veteran status in its programs and activities.

FOR OFFICE USE ONLY

Date Stamp	<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Former	Admissions Number	SID
	Previous Information SM2001 SCREEN _____ YRQ PLAN STRT _____ ADM STAT _____ TRNSFR COL CR _____ SM5018 SCREEN _____ CUM CR EARN _____	Resident Status 1 2 3	Correspondence Sent _____ HEOCFEE _____ I94 _____ OBW _____ RECLASS _____ WAWVR DATE SENT:
		Fee Pay Status 01 02 29 30 33	