

Enrollment Plans

A \$20 non-refundable, one-time admissions application fee is required for all new or transfer students.

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

Do you plan to transfer to a four-year university? Yes No

Personal Information

Social Security Number*: _____

Assigned Student SID# 940 - _____

Gender: Female Male

Birth date: Month _____ Day _____ Year _____

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

Previous Name (s): _____

Current Mailing Address _____
Street Address _____ Apt. Number _____

City _____ State _____ Zip _____ County _____

Day Telephone _____ Evening Telephone _____ Cell Phone _____

E-mail _____

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*

Which race do you consider yourself?

Please mark all boxes that apply.

- 015 Alaska Native 612 Korean
 597 American Indian 619 Vietnamese
 870 African American/Black 621 Other Asian American
 800 White/Caucasian
 799 Other Race

Pacific Islander

- 608 Filipino
 660 Guamanian
 653 Hawaiian
 655 Samoan
 681 Other Pacific Islander

Asian American

- 600 Asian Indian
 605 Chinese
 611 Japanese

Are you of Spanish/Hispanic descent? ___ Yes ___ No

If yes, please identify from one of the following:

- 700 Argentinian 711 Ecuatorian
 701 Bolivian 712 El Salvadorian
 703 Californio 716 Guatemalan
 704 Central American 717 Hispanic
 705 Chicano/Chicana 718 Honduran
 706 Chilean 720 Latino/Latina
 707 Colombian 722 Mexican
 708 Costa Rican 723 Nicaraguan
 708 Cuban 724 Panamanian
 710 Dominican 725 Paraguayan

- 726 Peruvian
 727 Puerto Rican
 729 South American
 730 Spanish/Espanola/
Espanolo
 734 Uruguayan
 735 Venezuelan
 Other _____

*Providing this information is voluntary

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

- Have you been a resident of the state of Washington* and lived continuously in the state for the past 12 months? Yes No
 - If less than 12 months, how long have you resided in Washington? _____ months
 - If less than 12 months, did you live in Oregon State immediately prior to moving to Washington State? Yes No
If yes, from which Oregon County did you move? _____
- Did your parent(s) or legal guardians claim you or plan to claim you as a dependent on their federal income taxes for the:
 - Past calendar year? Yes No
 - Upcoming calendar year? Yes No
- If yes to 2a or 2b, has your parent(s) or legal guardian(s) been a legal resident of Washington* and lived continuously in the state for the past 12 months? Yes No
 - If less than 12 months, how long have your parent(s) or legal guardian(s) resided in Washington? _____ months
 - If less than 12 months, did your parent(s) live in Oregon State immediately prior to moving to Washington State? Yes No
If yes, from which Oregon County did they move? _____

*A person cannot qualify as a legal resident of Washington for tuition rate purposes if s/he possesses a valid out-of-state driver's license, vehicle registration or other documents that give evidence of being a legal resident in another state.

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

High School

Did you or do you expect to graduate from high school? Yes, in ___/___ (Month/Year) No, last attended in _____ (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.

Colleges/Universities

List all colleges/universities in order of attendance. If necessary, attach an additional page.

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

Signature

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

Applicant's Signature: _____ Date: _____

Clark College affirms a commitment to freedom from discrimination for all members of the College community. The College expressly prohibits discrimination and harassment against any person on the basis of: race, national origin, sex, age, creed, presence of physical, sensory or mental disability, religion, color, disabled veteran status, sexual orientation, gender identity, gender expression, political affiliation, honorably discharged veteran, Vietnam-era veteran status, and/or marital status. Alternate format of this document is available upon request. Please contact Disability Support Services at (360) 992-2314 or (360) 992-2835 TTY.

FOR OFFICE USE ONLY	Date Stamp	Paid Stamp	Correspondence Sent •ADMFEE <input type="checkbox"/> IP <input type="checkbox"/> M ___/___/___ •ACCEPT <input type="checkbox"/> IP <input type="checkbox"/> M ___/___/___ •HEOCFEE <input type="checkbox"/> IP <input type="checkbox"/> M ___/___/___ •RES LTR <input type="checkbox"/> IP <input type="checkbox"/> M ___/___/___ <input type="checkbox"/> OBW <input type="checkbox"/> OBOW <input type="checkbox"/> WAWVR <input type="checkbox"/> RECLASS <input type="checkbox"/> I94	Resident Status 1 2 3	SID 940-
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