



1933 Fort Vancouver Way • Vancouver, WA 98663  
360.699.6398 • 360.992.2835 TTY • www.clark.edu

# Admissions Application

## Enrollment Plan

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)

Term you plan to start at Clark College: (Please mark only one box)  Summer (Jun/Jul)\_\_\_  Fall (Sept)\_\_\_  Winter (Jan)\_\_\_  Spring (Mar/Apr)\_\_\_

Your intended area of study: \_\_\_\_\_

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

## Personal Information

Social Security Number\*: \_\_\_\_\_

Assigned Student ctcLink ID # \_\_\_\_\_

Gender:  Female  Male  Not exclusive male or female

Birth date: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Previous Name (s): \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other 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
- 597 American Indian
- 870 African American/Black
- 800 White/Caucasian
- 799 Other Race
- 612 Korean
- 619 Vietnamese
- 621 Other Asian American
- Pacific Islander
- 608 Filipino
- 660 Guamanian
- 653 Hawaiian
- 655 Samoan
- 681 Other Pacific Islander

Are you of Spanish/Hispanic descent? \_\_\_ Yes \_\_\_ No

If yes, please identify from one of the following:

- 700 Argentinian
- 701 Bolivian
- 703 Californio
- 704 Central American
- 705 Chicano/Chicana
- 706 Chilean
- 707 Colombian
- 708 Costa Rican
- 708 Cuban
- 710 Dominican
- 711 Ecuatorian
- 712 El Salvadorian
- 716 Guatemalan
- 717 Hispanic
- 718 Honduran
- 720 Latino/Latina
- 722 Mexican
- 723 Nicaraguan
- 724 Panamanian
- 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 card number below. Please attach a copy (both front & back) of your I-94 or card.

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

## Washington State Residency Status

1. Have you been a resident of the state of Washington\* and lived continuously in the state for the past 12 months?  Yes  No
  - a. If less than 12 months, how long have you resided in Washington? \_\_\_\_\_ months
  - b. 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? \_\_\_\_\_
2. 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
3. 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
  - a. If less than 12 months, how long have your parent(s) or legal guardian(s) resided in Washington? \_\_\_\_\_ months
  - b. 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

1. Are you a member of the U.S. Armed Forces or Washington National Guard?  Yes  No
2. Are you a spouse/dependent of a member of the U.S. Armed Forces or Washington National Guard?  Yes  No
3. Are you currently on active military duty?  Yes  No
4. Are you currently on inactive military duty?  Yes  No  
If yes, list your: Date of Separation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and Home of Record: \_\_\_\_\_
5. 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 or GED Certification

- 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.

Date Stamp/Initials	ctclink Student ID:			
Residency:	<input type="checkbox"/> In state	<input type="checkbox"/> Out of State	<input type="checkbox"/> Undetermined	
Services Indicators:	<input type="checkbox"/> A01/OR Orientation	<input type="checkbox"/> R03/UAG Under Age	<input type="checkbox"/> ARST Running Start	
Correspondence Sent:	<input type="checkbox"/> Acceptance Letter	<input type="checkbox"/> Selective Entry info Letter	<input type="checkbox"/> Residency Letter	<input type="checkbox"/> Other
Other:	<input type="checkbox"/> R09/WRBLT- Waiting for transcript rebuild	<input type="checkbox"/> R09/COMP- Waiting for transfer credit rebuild		