

### Enrollment Plans

A \$25 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./Jul.) 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# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 \_\_\_\_\_ 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.

<b>FOR OFFICE USE ONLY</b>	<b>Date Stamp</b>	<b>Paid Stamp</b>	<b>Correspondence Sent</b> •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	<b>Resident Status</b> 1 2 3	<b>SID</b>
				<b>Fee Pay Status</b> 01 02 29 30 33	<b>Admissions Number</b>
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