

# APPLICATION FOR ADMISSION

Ventura County Community College District  
Oxnard College • 4000 S. Rose Avenue • Oxnard, CA 93033

OFFICE USE ONLY

Res.Code: \_\_\_\_\_

- I plan to attend:**  
 Moorpark College  Oxnard College  Ventura College
- I am applying for the:** Year 20\_\_\_\_\_  
 Spring Semester  Summer Session  Fall Semester
- Social Security Number:** \_\_\_\_\_
- Name:** \_\_\_\_\_  
Last Name First Name Middle Initial
- Previous Last Name** (if you attended under another name):  
\_\_\_\_\_
- Date of Birth:** \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_  
Month Day Year
- State Birthplace:**  
 California  Other \_\_\_\_\_ (Previous page for state codes)
- Sex:**  Male  Female
- Address:** \_\_\_\_\_  
(Number and Street)
- City/State:** \_\_\_\_\_
- Zip Code:** \_\_\_\_\_
- Day Phone** (include area code) \_\_\_\_\_
- Evening Phone** (include area code) \_\_\_\_\_
- Last High School Attended:** \_\_\_\_\_  
(Previous page for High School codes)  
Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_
- High School Graduation or date last attended:** \_\_\_\_ --- \_\_\_\_  
Month Year
- Proposed Major** (Previous page for codes) \_\_\_\_\_
- Last College Attended** (Previous page for codes) \_\_\_\_\_  
Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_
- California Driver's License Number:** \_\_\_\_\_
- Ethnic Survey:**

A	<input type="checkbox"/> Asian	HR	<input type="checkbox"/> Central American
AC	<input type="checkbox"/> Chinese	HS	<input type="checkbox"/> South American
AI	<input type="checkbox"/> Asian Indian	HX	<input type="checkbox"/> Other Hispanic
AJ	<input type="checkbox"/> Japanese	N	<input type="checkbox"/> American Indian/ Alaskan Native
AK	<input type="checkbox"/> Korean	O	<input type="checkbox"/> Other Non-White
AL	<input type="checkbox"/> Laotian	P	<input type="checkbox"/> Pacific Islander
AM	<input type="checkbox"/> Cambodian	PG	<input type="checkbox"/> Guamanian
AV	<input type="checkbox"/> Vietnamese	PH	<input type="checkbox"/> Hawaiian
AX	<input type="checkbox"/> Other Asian	PS	<input type="checkbox"/> Samoan
B	<input type="checkbox"/> Black, Non-Hispanic	W	<input type="checkbox"/> White
F	<input type="checkbox"/> Filipino	X	<input type="checkbox"/> Unknown
H	<input type="checkbox"/> Hispanic	XD	<input type="checkbox"/> Decline to state
HM	<input type="checkbox"/> Mexican, Mex.-Amer., Chicano		
- Primary Language:**  English  Not English
- Citizenship Status:**  U.S. Citizen  
**Not a U.S. Citizen**
  - Permanent Resident (Immigrant) Visa
  - Temporary Resident/Amnesty
  - Refugee/Asylee
  - Student Visa (F-1 or M-1)
  - Other Visa or Visa type
  - Unknown
- Student Academic Level** (Please indicate your education status at the beginning of the semester for which you are applying. Mark the highest level of education attained.)  
**Not a High School Graduate:**
  - Not a graduate of, and no longer enrolled in high school.
  - Special admit student currently enrolled in K-12 school.
  - Currently enrolled in Adult School.**High school graduate without a college degree:**
  - Received high school diploma
  - Passed the GED, or received a High School Certificate of Equivalency/Completion
  - Received a Certificate of California High School Proficiency Exam
  - Foreign Secondary School Diploma/Certificate of Graduation**College Degree:**
  - Received an Associate Degree
  - Received a Bachelor Degree or higher**Unknown:**
  - Unknown**Date of the highest level of education attained or the date last attended:**  
\_\_\_\_ -- \_\_\_\_  
Month Year
- Student Enrollment Status** (Mark one)
  - First-time student.** A student enrolled in any college for the first time.
  - First-time transfer student.** A student enrolled at this college for the first time and who has transferred from another college after earning credit.
  - Returning transfer student.** A student who has previously attended this college, transferred to another college, and has now returned to this college.
  - Returning student.** A student enrolled at this college after an absence of one or more regular sessions without interim attendance at another college.
  - Special admissions student.** A student who is currently enrolled in K-10 or a senior high school student currently enrolled in 11-12.
- Student Educational Goal** (Select your highest priority)
  - Obtain a bachelor's degree after completing an associate's degree
  - Obtain a bachelor's degree without completing an associate's degree
  - Obtain a two year associate's degree without transfer
  - Obtain a two year vocational degree without transfer
  - Earn a vocational certificate without transfer
  - Discover/formulate career interests, plans, goals
  - Prepare for new career (acquire job skills)
  - Advance in current job/career (update job skills)
  - Maintain certificate or license (e.g. Nursing, Real Estate).
  - Educational development (intellectual, cultural)
  - Improve basic skills in English, reading or math
  - Complete credits for high school diploma or GED
  - Undecided on goal
- How did you hear about Ventura College:** (Check all that apply)

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Television
<input type="checkbox"/> Poster	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Flyer
<input type="checkbox"/> Friend or Family	<input type="checkbox"/> High School	<input type="checkbox"/> Class Schedule
<input type="checkbox"/> Information Booth	<input type="checkbox"/> Other _____	

# LEGAL RESIDENCE FORM

All students classified incorrectly as residents are subject to reclassification and to payment of all nonresident fees not paid.

## ALL APPLICANTS MUST COMPLETE THIS SECTION

SOCIAL SECURITY NUMBER \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

NAME (Print full legal name. DO NOT use nicknames, initials, or abbreviations).

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Occupation \_\_\_\_\_

RESIDENCE ADDRESS (Legal/permanent address. DO NOT use P.O. Box Number)

Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I have lived at this address since \_\_\_\_\_ (if less than 2 years, show previous address below.)

Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

When did your present stay in California begin? (State month/day/year) \_\_\_\_\_

**\*NOTICE TO STUDENTS:** 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 Education 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. Failure to present such proof will result in a classification of non-resident.

### Yes No

Are you a United States Citizen?

If you are not a United States citizen, have you been admitted to the U.S. as a resident alien?

If yes, give Date Admitted \_\_\_\_\_ and Alien Registration Number \_\_\_\_\_

If no, list visa type (example: B-2, Visitor visa—dependent), duration of status, and country of citizenship:

Visa Type \_\_\_\_\_ Duration of Status \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

**Verification of visa status is required. Students must present proof of status.**

Did you file California State income tax last year?

If not California, in what state did you last file state taxes? \_\_\_\_\_ For what year(s) \_\_\_\_\_

Have you or (if you are under 19 and unmarried) your parents:

Registered to vote in a state other than California? If yes, where and when? \_\_\_\_\_

Petitioned for divorce in a state other than California? If yes, where and when? \_\_\_\_\_

Attended an out-of-state institution as a resident of that other state? If yes, where and when? \_\_\_\_\_

Declared nonresidence for California State Income Tax purposes? If yes, where and when? \_\_\_\_\_

Are you on active military duty?

If yes, what date did your tour begin in California? (month/day/year) \_\_\_\_\_

State of legal residence on military records: \_\_\_\_\_

Are you a dependent of an active duty military person?

If yes, when did your sponsor's tour begin in California? (month/day/year) \_\_\_\_\_

Have you been discharged from active duty within the last year? If yes, submit copy of DD-214

### TO BE COMPLETED BY ALL UNMARRIED STUDENTS UNDER 19

NAME OF FATHER (if living) \_\_\_\_\_ Occupation \_\_\_\_\_

NAME OF MOTHER (if living) \_\_\_\_\_ Occupation \_\_\_\_\_

NAME OF LEGAL GUARDIAN \_\_\_\_\_ Occupation \_\_\_\_\_

RESIDENCE ADDRESS (Number & Street, City, State, Zip)\*

DATES (month/year)

Father \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Mother \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Guardian \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

If less than 2 years, give previous address(es) for past 2 years.

Relationship \_\_\_\_\_ No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Relationship \_\_\_\_\_ No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT AND I UNDERSTAND THAT FALSIFICATION OR FAILURE TO REPORT CHANGE IN RESIDENCE MAY RESULT IN MY DISMISSAL.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_