

OXNARD COLLEGE - COMMUNITY COLLEGES OF VENTURA COUNTY

Ventura County Community College District

International Student Application For Admission

(TYPE or PRINT IN INK ONLY)

1. I plan to attend:

Moorpark College Oxnard College Ventura College

2. I am applying for the: Year, 20_____

Spring Semester Summer Session Fall Semester

3. Social Security Number: _____ - _____ - _____ (leave blank if none available)

4. Name: _____
Family Name First Name Middle Initial

5. Date of Birth: _____
Month Day Year

6. Country of Birth: _____

7. Country of Citizenship: _____

8. Sex: Male Female

9. Home Country Address: _____
Number and Street

10. City/State/Country: _____

11. Postal Code: _____

12. Home Country Telephone Number : _____
(Include Country Code): _____

13. Personal email: _____

14. Last High School Attended:
Name: _____
Country: _____

15. High School Graduation or Date Last Attended: _____
Month Year

16. Proposed Major or Course Desired: _____

17. Last College Attended:
Name: _____
City/State/Country: _____

18. California Driver's License Number: _____

19. Indicate Your Ethnicity: (Confidential)

Hispanic or Latino Not Hispanic or Latino

AC Chinese HS South American
AI Asian Indian HX Other Hispanic
AJ Japanese N American Indian,
AK Korean Alaskan Native
AL Laotian PX Other Pacific
AM Cambodian Islander
AV Vietnamese PG Guamanian
AX Other Asian PH Hawaiian
B. Black, Non-Hispanic PS Samoan
F. Filipino W. White Non-
HM Mexican, Mexican-Am, Hispanic
Chicano X Unknown
HR Central American XD Decline to State

20. Primary Language

E English
N Not English

21. Immigration Status

1 Student Visa ___F-1 ___ M-1 ___J-1
 Other Visa – List Type _____

22. 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:

000 Not a graduate of, and no longer enrolled in high school
100 Special admit student currently enrolled in high school
200 Currently enrolled in adult school.

High School Graduate:

600 Foreign High School Diploma/Certificate of Graduation
300 U. S. High School Diploma.
400 GED or a High School Certificate of
Equivalency/Completion
500 Certificate of California High School Proficiency Exam

College Degree Received:

700 Associate Degree
800 Bachelor Degree or higher

23. Student Enrollment Status: (mark one)

1 **First-time student.** A student enrolled in any college for the first time.
7 **First-time transfer student.** A student enrolled at this college for the first time and who has transferred from another college after earning credit.
5 **Returning transfer student.** A student who has previously attended this college, transferred to another college, and has now returned to this college.
4 **Returning student.** A student enrolled at this college after an absence of one or more regular sessions without interim attendance at another college.
8 **Special admissions student.** A student who is currently enrolled in K-10 or a senior high school student currently enrolled in 11-12.

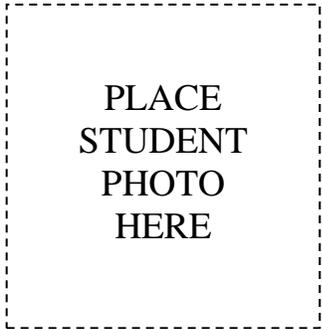
24. Student Educational Goal: (Select your highest priority)

A Obtain a bachelor degree after completing an associate degree
B Obtain a bachelor degree without completing an associate degree
C Obtain a two year associate degree without transfer
D Obtain a two year certificate without transfer
E Earn a vocational certificate without transfer
F Discover/formulate career interests, plans, goals
G Prepare for new career (acquire job skills)
H Advance in current job/career (update job skills)
I Maintain certificate or license (e.g. nursing, real estate)
J Educational development (intellectual, cultural)
K Improve basic skills in English, reading or math
L Complete credits for high school diploma or GED
M Undecided on goal

SEND COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Oxnard College

International Student Admissions
4000 South Rose Ave
Oxnard, CA - 93033
pvanhecke@vcccd.edu



United States Information (if available)

Address: _____

City: _____ State: _____ Zip Code _____

Home Phone Number: () _____ Cell Phone Number: () _____

Emergency Contact Information

Father's Name _____ Mother's Name _____

Home Country Contact Father Mother Other, Name _____

Address: _____

City, Country, Postal Code: _____

Phone Number: () _____ Email: _____

U.S. Contact Father Mother Other, Name _____

Address: _____

City, Country, Postal Code: _____

Phone Number: () _____ Email _____

PLEASE NOTE: There is a \$50.00 non-refundable processing fee for each application submitted. Send a check or money order payable to the college of your choice (Moorpark, Oxnard or Ventura). **PLEASE DO NOT SEND CASH!!**

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: _____