



HARTNELL COLLEGE

Application for Admission

Return to: Admissions and Records Office 411 Central Avenue Salinas, CA 93901 • Phone: (831) 755-6711 Fax: (831) 759-6014

COMPLETE ALL SECTIONS. PLEASE USE BLACK OR BLUE INK ONLY.

FALL SPRING SUMMER Year _____

1 LEGAL NAME	Last Name _____ First Name _____ Middle Initial _____			OFFICE USE ONLY
	Student ID Number _____			
2 NAME ON PREVIOUS ACADEMIC RECORDS IF DIFFERENT FROM ABOVE	Last Name _____ First Name _____ Middle Initial _____			Residency Code _____
	Entered by _____ Date _____			

3 MAILING ADDRESS	Number and Street Name / P.O. Box _____ Apt. No. _____	
	City _____ State _____ Zip Code _____	4 TELEPHONE NUMBERS
	() _____ Home	
		() _____ Cell or Work

5 EMAIL ADDRESS (Required - main form of communication) _____

6 SOCIAL SECURITY NUMBER	7 BIRTHDATE
____ - ____ - _____	MO ____ DAY ____ YR ____

8 ETHNIC/RACIAL BACKGROUND (check one)

<input type="checkbox"/> African-American (B.)	<input type="checkbox"/> Asian/Korean (AK)	<input type="checkbox"/> Hispanic/Mex-American (HM)	<input type="checkbox"/> Pacific Islander/Samoan (PS)
<input type="checkbox"/> Native-American/Alaskan (N.)	<input type="checkbox"/> Asian/Laotian (AL)	<input type="checkbox"/> Hispanic/S.American (HS)	<input type="checkbox"/> Pacific Islander/Other (PX)
<input type="checkbox"/> Asian/Cambodian (AM)	<input type="checkbox"/> Asian/Vietnamese (AV)	<input type="checkbox"/> Hispanic/Other (HX)	<input type="checkbox"/> White/Non-Hispanic (W.)
<input type="checkbox"/> Asian/Chinese (AC)	<input type="checkbox"/> Asian/Other (AX)	<input type="checkbox"/> Other Non-White (O.)	<input type="checkbox"/> Declined to State (X.)
<input type="checkbox"/> Asian/Indian (AI)	<input type="checkbox"/> Filipino (F.)	<input type="checkbox"/> Pacific Islander/Guam (PG)	
<input type="checkbox"/> Asian/Japanese (AJ)	<input type="checkbox"/> Hispanic/Cent.American (HR)	<input type="checkbox"/> Pacific Islander/Hawaii (PH)	

9 GENDER Male Female **10** MAJOR/ACADEMIC PROGRAM Code list on last page _____

11 ADMIT STATUS (check one)

<input type="checkbox"/> First Time College Student (FT)	<input type="checkbox"/> Returning Transfer Student (RTS)	<input type="checkbox"/> Continuing Student (CT)	<input type="checkbox"/> K-8 Student (K8)
<input type="checkbox"/> Transfer Student to Hartnell (TRAN)	<input type="checkbox"/> Returning Former Student (RFS)	<input type="checkbox"/> High School Student (HS)	

12 EDUCATIONAL GOAL (check one)

<input type="checkbox"/> Obtain a bachelor's degree after completing an associate's degree (BWAA)	<input type="checkbox"/> Advance in current job/career (update job skills) (UPJOB)
<input type="checkbox"/> Obtain a bachelor's degree without completing an associate's degree (BWOAA)	<input type="checkbox"/> Maintain certificate or license (LIC)
<input type="checkbox"/> Obtain a two-years associate's degree without transfer (AAWOT)	<input type="checkbox"/> Educational development (intellectual, cultural) (EDDEV)
<input type="checkbox"/> Obtain a two-year vocational degree without transfer (VAWOT)	<input type="checkbox"/> Improve basic skill in English, reading, or math (BSSK)
<input type="checkbox"/> Earn a vocational certificate without transfer (VOCCT)	<input type="checkbox"/> Complete credits for High School diploma or GED (HSDIP)
<input type="checkbox"/> Discover/formulate career interests, plans, goals (CAR)	<input type="checkbox"/> Undecided (UND)
<input type="checkbox"/> Prepare for a new career (acquire job skills) (JOB)	

13 CITIZENSHIP (Immigration Status) (check one)

<input type="checkbox"/> U.S. Citizen (1)	<input type="checkbox"/> Refugee/Asylee (4)	<input type="checkbox"/> Visitor (7)	Permanent/Temporary Card Number: A _____
<input type="checkbox"/> Permanent Resident (2)	<input type="checkbox"/> Student Visa F-1/M-1 (5)	<input type="checkbox"/> Amnesty (8)	
<input type="checkbox"/> Temporary Resident (3)	<input type="checkbox"/> Other Status (6)		

14 PRIMARY LANGUAGE Is English your primary spoken language? Yes No Other

15 RESIDENCE STATUS Have you lived in California continuously since birth? Yes No

Have you lived continuously in California for two years prior to the first day of classes of the term for which you are applying? (If you are under 19 years of age and never married, answer for your parents.) Yes No

Are you a CA resident? Yes No

When did your present stay in CA begin? (Mo) _____ (Day) _____ (Yr) _____

16 STATEMENT OF LEGAL RESIDENCE

Blocks 16 must be completed by all students

RESIDENCY - To be considered a resident, a student must have lived in California with the intent of becoming a permanent resident for at least one year prior to the first day of class of the term for which he/she is applying. Exceptions may apply for active military personnel and students under 19 years of age.

List the address(es) where you have lived for the past two years, beginning with your current address.

CITY	STATE	FROM (Month/Day/Year)	TO (Month/Day/Year)

Blocks 16 & 17 must be completed by all students who have NOT lived in California continuously FOR THE PAST TWO YEARS

Answer each of the following questions. If you are under 19 years of age, answer the questions for your parent(s).

	Yes	No	If Yes, What Year?		Yes	No	If Yes, What Year?
1. Filed personal state income tax in another state?	<input type="checkbox"/>	<input type="checkbox"/>	_____	6. Declared residency in another state for tax purpose?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Voted in another state? (Provide Most Recent Year)	<input type="checkbox"/>	<input type="checkbox"/>	_____	7. Petition for divorce in another state?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Valid drivers license in another state? (Issure Date?)	<input type="checkbox"/>	<input type="checkbox"/>	_____	8. Register a vehicle in another state?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Attend an out-of-state educational institution as a resident of that state?	<input type="checkbox"/>	<input type="checkbox"/>	_____	9. Are you a seasonal agricultural employment/dependent?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Are you a public school credentialed employee	<input type="checkbox"/>	<input type="checkbox"/>	_____				

TO BE COMPLETED BY ACTIVE MILITARY PERSONS, VETERANS DISCHARGED WITHIN THE LAST YEAR, OR DEPENDENTS

Will you be on active duty in the armed services stationed in California on the opening day of the semester in which you plan to enroll? Yes No

(If "YES") When did your current duty in California begin? _____

Is California indicated on your last Leave and Earning statement? Yes submit your last LES. No

Were you discharged from Armed Forces within the last year? Yes Date of discharge _____ Submit DD214. What State? _____ No

Are you the dependent or spouse of a person on active duty in the armed services stationed in California on the opening day of the semester in which you plan to enroll?
 Yes No (If "YES") When did your current duty in California begin? _____ Submit reporting orders.

19 NEEDS AND INTERESTS (Please indicate those services that would benefit or interest you.)

Financial Aid (FA)	Child Care (CC)	CALWorks (CW)	Transfer Services (TS)	Employment Assistance (EA)
Basic Skills (BS)	Course Tutoring (CT)	Eng 2nd Lang (ESL)	Ext Oppty Program (EOPS)	Disabled Services (DSPS)

20 INTENDED LOAD Less than Half Time (L) Three Quarter Time (T) Full Time (F)
 Half Time (H) Overload (O)

Number of hours employed per week: _____

21 INTERESTED IN INTERCOLLEGIATE SPORTS? Yes No (check sport you are most interested in)

<input type="checkbox"/> Badminton (BD)	<input type="checkbox"/> Basketball (BK)	<input type="checkbox"/> Football (FB)	<input type="checkbox"/> Soccer (SC)	<input type="checkbox"/> Swimming (SW)	<input type="checkbox"/> Tennis (TN)
<input type="checkbox"/> Baseball (BB)	<input type="checkbox"/> Cross Country (CC)	<input type="checkbox"/> Golf (GF)	<input type="checkbox"/> Softball (SB)	<input type="checkbox"/> Volleyball (VB)	<input type="checkbox"/> Track (TR)
<input type="checkbox"/> Wrestling (WR)					

22 HIGH SCHOOL EDUCATION STATUS Middle School or High School last or currently attended.

SCHOOL NAME	CITY	STATE	START YR	END YR	Yr Graduated	H.S. Code

Select only one:

<input type="checkbox"/> Not a high school graduate and not attending high school (0)	<input type="checkbox"/> Currently enrolled in K-12 (1)	<input type="checkbox"/> Passed GED/Cert of Equivalency (4)
	<input type="checkbox"/> Enrolled in Adult School (2)	<input type="checkbox"/> Certificate of Proficiency (5)
	<input type="checkbox"/> Received high school diploma (3)	<input type="checkbox"/> Foreign Secondary School Diploma (6)

23 COLLEGE EDUCATION STATUS Most recent college attended whether or not you received a degree.

COLLEGE or UNIVERSITY	STATE	FROM	TO	DEGREE	GRAD YR	College Code

Select only one, if applicable: Received Associate's Degree (7) Received Bachelo Bachelor's Degree (8) Graduate degree or higher (10)

24 TO BE COMPLETED BY ALL STUDENTS

PRIVACY RIGHTS

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education you may, at the time of enrollment, direct the college to withhold release of directory information to persons not employed by the college. Subsequently, you may notify the Dean of Student Affairs if you wish to reverse your choice. Directory information at this college includes your name, degrees and awards, and Dean's List recognition, and participation in officially recognized activities and sports, including weight, height, and high school of graduation of athletic team members.

Do you give Hartnell College permission to release your directory information? [] YES [] NO

I hereby swear under penalty of perjury and college disciplinary action that the information submitted on this document is complete and accurate. I understand all materials submitted by me for purposes of admission become property of Hartnell Community College. I further understand that falsification, withholding pertinent data, or failure to report changes in residence may result in dismissal.

Student's Signature _____ Date _____

It is the policy of Hartnell College that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, religion, national origin, age or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Vice President of Student Affairs at (831) 755-6822, CALL Building Room 123.