



Hartnell College

Admissions Office

411 Central Avenue, Salinas, CA 93901

Phone: (831) 755-6700

www.hartnell.edu

APPLICATION FOR ADMISSION

☐ FALL

☐ SPRING

☐ SUMMER

Year 20_____

1. LEGAL NAME, CURRENT & PERMANENT ADDRESS

Provide your legal name as it appears on your Social Security card. Legal name will appear on all official records, including transcripts.

Last Name: _____ First Name: _____

Previous name(s): _____

Current Mailing/Local Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Local Phone: (____) _____ - _____ ☐ Cell ☐ Work Alternate Phone: (____) _____ - _____ ☐ Cell ☐ Work

Personal E-mail Address: _____@_____

2. SOCIAL SECURITY NUMBER

_____-_____-____

3. GENDER

☐ Female ☐ Male ☐ Decline
☐ to State

4. DATE OF BIRTH

____/____/____
MONTH DAY YEAR

5. MAJOR/ ACADEMIC PROGRAM

(See last page for list of codes.)

6. SEXUAL ORIENTATION/TRANSGENDER

By California Law, the California Community College voluntary demographic information regarding the sexual orientation, gender identity, and gender expression of students. This information is only used for summary demographic reporting, your responses are kept private and secure, providing this information is optional, it is not available to admissions personnel and will not be used for discriminatory purposes.

☐ Straight/Heterosexual ☐ Gay or Lesbian/Homosexual ☐ Bisexual ☐ Other ☐ Decline to state

7. ETHNICITY / RACE Per U.S. Department of Education guidelines, colleges are required to collect the following racial and ethnic data.

Are you of Hispanic or Latino ethnicity? ☐ Yes ☐ No

Check all that apply.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> (HM) Mexican, Mexican-American, Chicano | <input type="checkbox"/> (AC) Asian: Chinese | <input type="checkbox"/> (AV) Asian: Vietnamese | <input type="checkbox"/> (PG) Pacific Islander: Guamanian |
| <input type="checkbox"/> (HR) Central American | <input type="checkbox"/> (AJ) Asian: Japanese | <input type="checkbox"/> (F.) Filipino | <input type="checkbox"/> (PH) Pacific Islander: Hawaiian |
| <input type="checkbox"/> (HS) South American | <input type="checkbox"/> (AK) Asian: Korean | <input type="checkbox"/> (AX) Asian: Other | <input type="checkbox"/> (PS) Pacific Islander: Samoan |
| <input type="checkbox"/> (HX) Hispanic: Other | <input type="checkbox"/> (AL) Asian: Laotian | <input type="checkbox"/> (B.) Black or African American | <input type="checkbox"/> (PX) Pacific Islander: Other |
| <input type="checkbox"/> (AI) Asian: Indian | <input type="checkbox"/> (AM) Asian: Cambodian | <input type="checkbox"/> (N.) American Indian/Alaskan Native | <input type="checkbox"/> (W.) White |

8. Student Type --- ADMIT STATUS (CHECK ONE)

- ☐ (FT) First-time Student in college (after leaving high school)
- ☐ (TRAN) Have attended another college, First time at Hartnell
- ☐ (RFS) Returning Student to Hartnell after absent for a main term
- ☐ (RTS) Returning Student to Hartnell after attending another college

- ☐ (HS) High School Student
(enrolling in grades 9-12 and Hartnell concurrently)
- ☐ (K8) Grade School Student
(enrolling in grades K-8 and Hartnell concurrently)

9. EDUCATIONAL GOAL (Check one)

- ☐ (BWAA) Obtain an associate degree and transfer to a 4-year institution.
- ☐ (BWOAA) Transfer to a 4-year institution without an associate degree.
- ☐ (AAWOT) Obtain a 2-year associate degree without transfer.
- ☐ (VAWOT) Obtain a 2-year vocational degree without transfer.
- ☐ (VOCCT) Earn a vocational certificate without transfer.

- ☐ (UPJOB) Advance in current job/career (update job skills).
- ☐ (LIC) Maintain certificate or license (e.g. Nursing, Welding).
- ☐ (EDDEV) Educational development (intellectual, cultural, physical).
- ☐ (BSSK) Improve basic skills in English, reading or math.
- ☐ (HSDIP) Complete credits for high school diploma or GED.
- ☐ (M) Undecided on goal.

IS ENGLISH YOUR PRIMARY SPOKEN LANGUAGE ☐ YES ☐ NO ☐ OTHER _____

OFFICE USE ONLY:

Student ID Number: _____

Residency Status: _____ Entered by: _____ Date: _____

10. CITIZENSHIP

ARE YOU A UNITED STATES CITIZEN? ☐ YES ☐ NO

If you are not a U.S. Citizen, check **one** of the following below.
Alien ID number and issue/expiration date required.

- ☐ (2) Non-US Citizen Permanent Resident *
- ☐ (3) Non-US Citizen Temporary Resident *
- ☐ (4) Non-US Citizen Refugee / Asylee *
- ☐ (5) Non-US Citizen Student Visa F1 or M1
- ☐ (6) Other Status— Visa Type: _____
- ☐ (7) No Documents
- ☐ (8) Amnesty

*Permanent/Temporary Card number: _____

Issue Date: MM ____ DD ____ YYYY ____

11. HAVE YOU LIVED IN CALIFORNIA CONTINUOUSLY FOR THE PRIOR TWO (2) YEARS? ☐ YES ☐ NO

If NO, when did your CURRENT stay in California begin?

____ / ____ / ____
MONTH DAY YEAR

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

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

11. LAST HIGH SCHOOL ATTENDED (Required)

High School: _____

Attended From: _____ To: _____

Grad Date: _____

City: _____ State: _____

High School Code: _____

(See last page for list of codes.)

12. LAST COLLEGE/UNIVERSITY ATTENDED (if applicable)

College/University: _____

Attended From: _____ To: _____

Grad Date: _____

City: _____ State: _____

College Code: _____

(See last page for list of codes.)

13. NEEDS AND INTERESTS — Optional

(Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> (ABT) Ability to Benefit | <input type="checkbox"/> (CW) CalWorks | <input type="checkbox"/> (BB) Baseball |
| <input type="checkbox"/> (BS) Basic Skills (reading writing, math) | <input type="checkbox"/> (DSPS) Disabled Students | <input type="checkbox"/> (BK) Basketball |
| <input type="checkbox"/> (CA) CARE | <input type="checkbox"/> (EA) Employment Assistance | <input type="checkbox"/> (CC) Cross Country |
| <input type="checkbox"/> (CC) Child Care | <input type="checkbox"/> (EOPS) Extended Opportunity programs and Services | <input type="checkbox"/> (FB) Football |
| <input type="checkbox"/> (CO) Academic Counseling, Advising | <input type="checkbox"/> (ESL) English as a Second Language | <input type="checkbox"/> (SC) Soccer |
| <input type="checkbox"/> (CP) Counseling - Personal | <input type="checkbox"/> (FA) Financial Aid | <input type="checkbox"/> (SB) Softball |
| <input type="checkbox"/> (CT) Tutoring Information | <input type="checkbox"/> (TS) Transfer Information | <input type="checkbox"/> (VB) Volley ball |
| | <input type="checkbox"/> (VT) Veterans Services | <input type="checkbox"/> (TR) Track |

14 INTENDED LOAD

- ☐ (L) Less than Half Time
- ☐ (H) Half Time
- ☐ (T) Three-Quarter Time

- ☐ (F) Full Time
- ☐ (O) Overload
- ☐ (NA) Not Applicable

15. PARENT/GUARDIAN EDUCATION LEVEL

Regardless of your age, please indicate the highest education level of any parent or guardian who played the largest role in your upbringing:

- 1 = Grade 9 or Less
- 2 = Grade 10, 11, or 12 but did not graduate
- 3 = High school graduate
- 4 = Some college but no degree
- 5 = AA/AS Degree
- 6 = BA/BS Degree
- 7 = Graduate or professional degree beyond BA/BS
- Y = Not applicable, no second parent/guardian
- X = Unknown

First Parent (Guardian) Educational Level: _____

Second Parent (Guardian) Education Level: _____

16. FOSTER YOUTH

Answer the following if you are under 24 years of age:

Have you ever been in court ordered Foster Care? ☐ Yes ☐ No

If yes, select one of the following:

- | | |
|--|---|
| <input type="checkbox"/> I am currently in Foster Care in California. | <input type="checkbox"/> I am currently in Foster Care in a system outside of California. |
| <input type="checkbox"/> I was previously in Foster Care in California and aged out of or emancipated from the system. | <input type="checkbox"/> I was previously in Foster Care outside of California and aged out or emancipated from the system. |
| <input type="checkbox"/> I was previously in Foster Care, but did not age out or emancipate from the system. | |

17. RESIDENCY

Self or Parent/Legal Guardian

☐ I am or will be at least 19 years of age OR married as of the start of the semester.

☐ I am or will be under 19 years of age AND unmarried as of the start of the semester.

Parent / Legal Guardian Name: _____ Check: ☐ (M) Mother ☐ (F) Father ☐ (G) Legal Guardian

☐ Yes ☐ No For Parent: Has your parent claimed you as a dependent on his/her most recent California Income Tax return?

☐ Yes ☐ No For Legal Guardian: Have you lived continuously with this person for the last two years?

(If under 19 and unmarried, MUST provide permanent address of parent/legal guardian.)

Permanent Address: _____ Phone Number: (_____) _____ - _____

Answer the following questions. If you are under 19 and unmarried, answer for your parent or legal guardian.

☐ Yes ☐ No Are you (or parent/legal guardian) a full-time employee, spouse, or dependent of a full-time employee of any of the following colleges/universities? ***CA Community Colleges *CA State University or College*University of CA * Maritime Academy**

☐ Yes ☐ No Are you (or parent/legal guardian) a full-time credentialed employee of a California public school enrolling in college for purposes of fulfilling credential related requirements.

☐ Yes ☐ No Have you (or parent/legal guardian) been employed as a seasonal agricultural worker for at least a total of two months of each of the past two years?

During the past two (2) years, have you (or parent/legal guardian):

☐ Yes ☐ No If yes, year: _____ Declared residency in another state for state income tax purposes?

☐ Yes ☐ No If yes, year: _____ Voted or registered to vote in another state?

☐ Yes ☐ No If yes, year: _____ Declared residency at an out-of state-college or university?

☐ Yes ☐ No If yes, year: _____ Petitioned for a lawsuit or a divorce as a resident in another state?

Student's Military Services Status

- ☐ None apply to me
- ☐ Currently serving on Active Duty
- ☐ Veteran
- ☐ Member of the Active Reserve
- ☐ Member Active of the National Guard

Student's Parent (or Guardian) Military Service Status:

- ☐ None apply to my parent or guardian
- ☐ Parent (or Guardian) Currently Serving on Active Duty
- ☐ Parent (or Guardian) is a Veteran
- ☐ Parent (or Guardian) is a Member of the Active Reserve
- ☐ Parent (or Guardian) is a Member of the National Guard

***If you are currently active in the U.S. Military, or you were discharged within the last year, answer the questions below for yourself. *If you are a dependent spouse or child of an active member of the U.S. military, answer the questions below about your spouse or parent in the military.**

State of legal residence (military): _____ Are you currently stationed in California ☐ Yes ☐ No

Home of record: _____ Country of Record: _____

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.

Applicant'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, Student Services Building Room 123.