



Victor Valley Community College  
 18422 Bear Valley Road, Victorville CA 92395  
 760-245-4271  
[www.vvc.edu](http://www.vvc.edu)

## APPLICATION FOR ADMISSION

**NON-DISCRIMINATION POLICY:** Pursuant to appropriate California Education Code(s), VVCCD shall not deny any person registration or enrollment because of the individual's ethnic group identification, religion, marital status, age, sex, handicap, or any other categories as defined or required by law.

### FOR OFFICE USE ONLY

Student ID No. \_\_\_\_\_ Received by \_\_\_\_\_ Date processed \_\_\_\_\_  
 ADMISSIONS FOR: Fall  Winter  Spring  Summer  Year 20\_\_\_\_ Residency code \_\_\_\_\_

### APPLICANT INFORMATION (PLEASE PRINT)

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

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Former name(s) used:

Social Security Number:	Date of birth:	Age:	Gender:	Decline to
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> State	

**Legal permanent street address:** A permanent address is one used for voting, motor vehicle registration, income tax and other legal purposes.

Number/Street: \_\_\_\_\_ Apt/Space # \_\_\_\_\_

City:	State:	Zip code:
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**Mailing address:**  
*(if different from street address)*

City:	State:	Zip code:
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Email address:

Cell phone:	Home phone:
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### CITIZENSHIP (Required)

Are you a U.S. Citizen?  Yes  No If No, write what country you are a citizen of and check the box that indicates your status \_\_\_\_\_

- Permanent Resident Visa (ID Number: \_\_\_\_\_) (Date issued: \_\_\_\_\_)
- Temporary Resident
- Refugee/Asylee Status
- Student Visa (F1 or M1)
- Other Visa Type (Specify: \_\_\_\_\_) (Date I-94 Expires \_\_\_\_\_)
- No Documents

### ETHNIC BACKGROUND (CHECK ONLY ONE)

Per U.S. Department of Education Guidelines, colleges are required to collect the following racial and ethnic data:

**Are you Hispanic or Latino?**  Yes  No  Declined to state

**Language:** 1.  English 2.  Non-English \_\_\_\_\_ (please list language)

**Ethnicity/Race (check one or more)**

- |  |  |  |   |
|--|--|--|---|
| <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"/> (NV) American Indian/Alaskan Native | <input type="checkbox"/> (W) White <input type="checkbox"/> (XD) Decline to state |

**MARITAL STATUS (CHECK ONLY ONE)**

1.  Single    2.  Married    3.  Divorced    4.  Widowed    5.  Separated

**MAJOR/ACADEMIC PROGRAM (LIST ONLY ONE)**

Choose a program of study you intend to pursue at Victor Valley College from the attached list and indicate your choice of a Major/Program \_\_\_\_\_

**ADMIT STATUS (CHECK ONLY ONE)**

- 1.  First-time student (a student enrolled in college for the first time – (also after high school graduation if attended VVC as concurrent)
- 2.  First-time transfer student (a student enrolled at Victor Valley College for the first time who transferred from another college)
- 3.  Returning transfer student (a student who previously attended Victor Valley College, transferred to another college, and now has returned)  
Last semester/year attended VVC \_\_\_\_\_
- 4.  Returning student (a student returning to Victor Valley College without attending another college)  
Last semester/year attended VVC \_\_\_\_\_
- 5.  Concurrent Enrollment (enrolled in grades K-12 and Victor Valley College at the same time)

**PRINCIPAL EDUCATIONAL GOAL (CHECK ONLY ONE)**

- |  |   |
|--|---|
| A. <input type="checkbox"/> Transfer after completing an associate degree        | H. <input type="checkbox"/> Advance in current job/career (update job skills)   |
| B. <input type="checkbox"/> Transfer without completing an associate degree      | I. <input type="checkbox"/> Maintain certificate or license (e.g., Real Estate) |
| C. <input type="checkbox"/> Obtain a two-year associate degree without transfer  | J. <input type="checkbox"/> Educational development (intellectual, cultural)    |
| D. <input type="checkbox"/> Obtain a two-year vocational degree without transfer | K. <input type="checkbox"/> Improve basic skills in English, Reading or Math    |
| E. <input type="checkbox"/> Earn a vocational certificate without transfer       | L. <input type="checkbox"/> Concurrent enrollment K-12                          |
| F. <input type="checkbox"/> Discover/formulate career interests, plans, goals    | M. <input type="checkbox"/> Noncredit to Credit course work                     |
| G. <input type="checkbox"/> Prepare for a new career (acquire job skills)        | N. <input type="checkbox"/> 4 year college student taking courses               |

**RESIDENCY CERTIFICATION (Must complete all questions)**

All students must answer ALL of the following questions. State laws regulate admissions of students on the basis of legal residence. This statement is a certification necessary to administer the laws. If additional information is needed to determine your residency status, you will be required to complete a supplemental Residency 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 residency lies with the student.

Have you lived in California continuously for the past two (2) years?     Yes     No

If NO, when did your CURRENT stay begin? Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Previous address (if less than two years in California):

Number/Street \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Did you file California State Income Tax the last two years?     Yes     No

If No, did you file last year?     Yes     No

Are you a school credentialed employee or an on-duty California police officer?     Yes     No

Are you a seasonal agricultural employee or dependent?     Yes     No

Current driver's license or I.D. card information: State \_\_\_\_\_ Date issued \_\_\_\_\_

Current vehicle registration information: State \_\_\_\_\_ Date issued \_\_\_\_\_

Current voter registration information: State \_\_\_\_\_ Date registered \_\_\_\_\_

**Additional Residency Certification for Students under 19 years old**

Are you married?  Yes  No If No, complete the following: Who have you been living with for the last 12 months? Check one:

Both parents  Mother  Father  Legal Guardian

Parent or Legal Guardian Information:

Names(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did he/she file California State Income Tax the last two years?  Yes  No

If No, did he/she file last year?  Yes  No

**Additional Parent or Legal Guardian Information:**

Current driver's license or I.D. card information: State \_\_\_\_\_ Date issued \_\_\_\_\_

Current vehicle registration information: State \_\_\_\_\_ Date issued \_\_\_\_\_

Current voter registration information: State \_\_\_\_\_ Date registered \_\_\_\_\_

**U.S. Military Status/Dependent of Military Status**

Student's Military Service Status

- None Apply to me
- Currently Serving on Active Duty\*
- Veteran
- Member of the Active Reserve
- Member 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 of an active member of the U.S. military, answer the questions below about your spouse or parent.

State of legal residence (military): \_\_\_\_\_

Are you currently stationed in California  Yes  No

Home of record: \_\_\_\_\_

**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

- I am currently in Foster Care in California.
- I was previously in Foster Care in California and aged out or emancipated from the system.
- I am currently in Foster Care in a system outside California.
- I was previously in Foster Care outside of California and aged out or emancipated from the system.
- I was previously in Foster Care, but did not age out or emancipate from the system.

**EDUCATION (High School)**

Last high school attended: \_\_\_\_\_

City \_\_\_\_\_ State/or foreign country \_\_\_\_\_

Dates of Attendance: From: \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ Graduation date: \_\_\_\_\_ / \_\_\_\_\_

MONTH/YEAR

MONTH/YEAR

MONTH/YEAR

If currently in high school, when will you graduate? \_\_\_\_\_ / \_\_\_\_\_

MONTH/YEAR

Please check appropriate box:

- Not a graduate/no longer in high school
- Received high school diploma
- Passed GED/Certificate of Equivalency
- Certificate of high school Proficiency
- Foreign high school diploma
- Enrolled in Adult high school

## EDUCATION (College)

List all colleges/universities you have attended or are attending. Begin with the last institution attended. Send official transcripts to the Admissions and Records office.

College/University: \_\_\_\_\_

City \_\_\_\_\_ State/or foreign country \_\_\_\_\_

Dates of Attendance: From: \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ Graduated  Yes  No  
MONTH/YEAR MONTH/YEAR

Associates degree Date received \_\_\_\_\_  Bachelor degree or higher Date received \_\_\_\_\_

College/University: \_\_\_\_\_

City \_\_\_\_\_ State/or foreign country \_\_\_\_\_

Dates of Attendance: From: \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ Graduated  Yes  No  
MONTH/YEAR MONTH/YEAR

Associates degree Date received \_\_\_\_\_  Bachelor degree or higher Date received \_\_\_\_\_

College/University: \_\_\_\_\_

City \_\_\_\_\_ State/or foreign country \_\_\_\_\_

Dates of Attendance: From: \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ Graduated  Yes  No  
MONTH/YEAR MONTH/YEAR

Associates degree Date received \_\_\_\_\_  Bachelor degree or higher Date received \_\_\_\_\_

## Privacy/Directory Information notification

Victor Valley College shall not release the contents of a student record to any member of the public without the prior written consent of the student, other than directory information. Directory Information shall include: 1) Student participation in officially recognized activities and sports including weight, height and high school of graduation of athletic team members and 2) Degrees, certificates, and awards received by students, including honors, scholarship awards, athletic awards, academic recognition and Dean's List recognition.

I AUTHORIZE THE RELEASE OF DIRECTORY INFORMATION  Yes  No

## SIGNATURE AND DATE

### By signing below, you declare the following:

All information on this application pertains to me. Under penalty of perjury, the statements and information completed in this application are true and correct. I understand that falsification, withholding pertinent data, or failure to report changes in residency may result in District Action. I understand that all materials and information submitted by me for the purposes of admission become the property of Victor Valley Community College.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_