

Application for Admission

Please print in black or blue ink

Quarter you plan to begin: Summer (Jun-Aug) Fall (Sep-Dec) Winter (Jan-Mar) Spring (Apr-Jun) Year: _____ Time of day you plan to attend: Day Evening Both

Identification and Location: Social Security Number _____
To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Life Time tax credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e)(4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

Birthdate (This is your temporary PIN) _____ Sex _____
 Month _____ Day _____ Year _____ Male Female

For office use only — SID: 880 _____

Please type or print clearly

Last Name	First Name	Middle Initial	Previous Name(s) 1. _____ 2. _____
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Mailing Address (number and street) _____ Apt. No. _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ E-mail _____

Residency for Tuition Purposes:

- Have you been a legal resident *of Washington state and lived continuously in Washington state for the last 12 months? *(A student cannot qualify as a legal resident of Washington for tuition calculation purposes if s/he possesses a valid out-of-state driver's license, vehicle registration or other documents that give evidence of being a legal resident in another state.)
 Yes No
 If no, how long have you lived continuously in Washington state? _____ months.
- Were you claimed for federal income tax purposes by your mother, your father or your legal guardian in the current calendar year? Yes No
 In the past calendar year? Yes No
 If yes, has your mother, father or legal guardian lived continuously in Washington state for the past 12 months? Yes No
- Will you be attending college with financial aid provided by a public or private non-federal agency or institution outside of Washington where state residency is a requirement for receiving that aid? Yes No
- Are you an active duty military member stationed in Washington or an active Washington National Guard member? Yes No
 Are you the spouse or dependent of either (1) an active duty military person stationed in Washington, or (2) an active member of the Washington National Guard? (Answer "Yes" only if you are living in Washington.) Yes No
 Copy of orders to Washington state and military ID required.

Race/Nationality (optional): Commitment to Diversity—Washington's Community and Technical colleges offer a variety of academic, financial, cultural and personal support services to interested students. Each institution is committed to enrolling a diverse student body.

- Please mark one or more boxes to indicate what race you consider yourself to be:
- | | | |
|---|---|--|
| <input type="checkbox"/> White (800) | <input type="checkbox"/> Other Pacific Islander (681) | <input type="checkbox"/> Japanese (611) |
| <input type="checkbox"/> African American (872) | <input type="checkbox"/> Vietnamese (619) | <input type="checkbox"/> Other Asian (621) |
| <input type="checkbox"/> American Indian (597) | <input type="checkbox"/> Filipino (608) | <input type="checkbox"/> Other race (799) |
| <input type="checkbox"/> Alaska Native (015) | <input type="checkbox"/> Chinese (605) | (please specify) _____ |
| <input type="checkbox"/> Native Hawaiian (653) | <input type="checkbox"/> Korean (612) | |

Are you of Spanish or Hispanic origin? No (999) Yes
 If yes, please mark one or more of the choices below.

- | | | |
|--|---|--|
| <input type="checkbox"/> Argentinian (700) | <input type="checkbox"/> Galapagos Islander (714) | <input type="checkbox"/> Puerto Rican (727) |
| <input type="checkbox"/> Bolivian (701) | <input type="checkbox"/> Guajiro/Guajira (715) | <input type="checkbox"/> South American (729) |
| <input type="checkbox"/> Borinqueno/Borinquena (702) | <input type="checkbox"/> Guatemalan (716) | <input type="checkbox"/> Spanish/Espanola/Espanolo (730) |
| <input type="checkbox"/> Brazilian (751) | <input type="checkbox"/> Hispanic (717) | <input type="checkbox"/> Spanish-American (731) |
| <input type="checkbox"/> Californio (703) | <input type="checkbox"/> Honduran (718) | <input type="checkbox"/> Spanish-Mexican (732) |
| <input type="checkbox"/> Central American (704) | <input type="checkbox"/> La Raza (719) | <input type="checkbox"/> Sudamericano/Sudamericana (733) |
| <input type="checkbox"/> Central American Indian (551) | <input type="checkbox"/> Latino/Latina (720) | <input type="checkbox"/> Tejano/Tejana (742) |
| <input type="checkbox"/> Chicano/Chicana (705) | <input type="checkbox"/> Mestizo/Mestiza (721) | <input type="checkbox"/> Uruguayan (734) |
| <input type="checkbox"/> Chilean (706) | <input type="checkbox"/> Mexican (722) | <input type="checkbox"/> Venezuelan (735) |
| <input type="checkbox"/> Columbian (707) | <input type="checkbox"/> Morena (728) | |
| <input type="checkbox"/> Costa Rican (708) | <input type="checkbox"/> Nicaraguan (723) | |
| <input type="checkbox"/> Cuban (709) | <input type="checkbox"/> Nuevo Mexicano (741) | |
| <input type="checkbox"/> Dominican (710) | <input type="checkbox"/> Panamanian (724) | |
| <input type="checkbox"/> Ecuadorian (711) | <input type="checkbox"/> Paraguayan (725) | |
| <input type="checkbox"/> El Salvadorian (712) | <input type="checkbox"/> Peruvian (726) | |

Citizenship: U.S. citizen? Yes No If not a U.S. citizen, list country of citizenship _____
 International student (with F or M Visa)—Type of Visa _____ Visitor—Type of Visa _____ Visa status: _____
 Temporary resident Immigrant/permanent resident Refugee/parolee or conditional entrant Other, explain: _____

Veterans and/or their dependents may qualify for educational benefits. Please check here if you would like additional information.

History: Has either of your parents earned a bachelor's (4-year) degree? Yes No Have you ever attended Highline? Yes No

Foster Care: Please mark this box if you have been in the state of Washington's foster care system for at least one year since your 16th birthday. Yes No

High School Programs: Will you be participating in one of the following programs? Running Start High School Completion High School Enhancement

A \$25.50 non-refundable application fee must be paid to HCC Cashiering.
 If mailing this application, include fee and mail to: Admissions/Entry Services, MS 6-8;
 PO Box 98000; Des Moines, WA 98198-9800

HCC Application for Admission, continued

Education: Last High School Attended _____	City, State _____	Years attended From _____ To _____	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Year _____
If not a high school graduate, do you plan to graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what date you expect to graduate from high school: Month _____ Year _____ If no, have you earned your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year _____	
College/university attended _____	City, state _____	Years attended From _____ To _____	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
College/university attended _____	City, state _____	Years attended From _____ To _____	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 1 — Educational Goal Check the box that best describes your educational goal.

- | | | |
|--|---|--|
| <input type="checkbox"/> Academic transfer to four-year college (B)
<i>If selected, move to Section 2</i> | <input type="checkbox"/> Improve job skills (J)
<i>If selected, move to signature section, below</i> | <input type="checkbox"/> Personal enrichment (L)
<i>If selected, move to signature section, below</i> |
| <input type="checkbox"/> Professional-technical program (F)
<i>If selected, move to Section 3</i> | <input type="checkbox"/> Parent education classes (K)
<i>If selected, move to signature section, below</i> | <input type="checkbox"/> Undecided |

Section 2 — Academic Transfer If academic transfer was selected in Section 1, complete Parts A and B below, then sign form.

Part A: I plan to transfer to (pick one):

- | | |
|---|---|
| <input type="checkbox"/> Central Washington University, Ellensburg — CW | <input type="checkbox"/> Northwest University— NW |
| <input type="checkbox"/> Central Washington University, Lynnwood — CL | <input type="checkbox"/> Northwest Indian College — NI |
| <input type="checkbox"/> Central Washington University, Steilacoom — CS | <input type="checkbox"/> Pacific Lutheran University — PL |
| <input type="checkbox"/> Central Washington University, Wenatchee — CN | <input type="checkbox"/> St. Martin’s College — SM |
| <input type="checkbox"/> Central Washington University, Yakima — CY | <input type="checkbox"/> Seattle Pacific University — SP |
| <input type="checkbox"/> Central Washington University, Des Moines — SC | <input type="checkbox"/> Seattle University — SU |
| <input type="checkbox"/> Eastern Washington University, Spokane — EP | <input type="checkbox"/> The Evergreen State College — ES |
| <input type="checkbox"/> Eastern Washington University — EW | <input type="checkbox"/> The Evergreen State College, Tacoma — ET |
| <input type="checkbox"/> Bastyr College — BC | <input type="checkbox"/> University of Puget Sound — UP |
| <input type="checkbox"/> City University — CU | <input type="checkbox"/> University of Washington, Main — UW |
| <input type="checkbox"/> Cornish College of the Arts — CC | <input type="checkbox"/> University of Washington, Tacoma — UT |
| <input type="checkbox"/> Gonzaga University — GU | <input type="checkbox"/> University of Washington, Bothell — UB |
| <input type="checkbox"/> Heritage College — HC | |

Part B: I wish to declare the following major (pick one):

- Agriculture & Natural Resources — AG
- Arts and Letters; Humanities — AL
- Architecture — AT
- Business — BU
- Computer Sciences — CS
- Education — ED
- Engineering & related technology — EN
- Health Profession — HL
- Law — LA
- Sciences — SC
- Social Sciences — SS
- Other/Miscellaneous — MS
- Undecided — UD

Section 3 — Professional-Technical If Professional-Technical was selected in Section 1, please choose an option below, then sign form.

A = Apprenticeship program; C = Certificate of Completion; AAS = Associate of Applied Science. * Short-term certificates leading to 45-credit certificates and AAS degrees available.

	A	C	AAS
Art and Design*			
Graphic Production-Print Media (793)		<input type="checkbox"/>	<input type="checkbox"/>
Interior Design (734)		<input type="checkbox"/>	<input type="checkbox"/>
Visual Communications (796)		<input type="checkbox"/>	<input type="checkbox"/>
Business*			
Accounting (505)		<input type="checkbox"/>	<input type="checkbox"/>
Accounts Receivable/Payable (505)		<input type="checkbox"/>	
Administrative Assistant (547)		<input type="checkbox"/>	
Administrative Management (547A)			<input type="checkbox"/>
Bookkeeping (505D)		<input type="checkbox"/>	
Customer Service Specialist (297)		<input type="checkbox"/>	
E-commerce (543)			<input type="checkbox"/>
International Business & Trade (249)		<input type="checkbox"/>	<input type="checkbox"/>
Hotel & Hospitality Management (269)		<input type="checkbox"/>	<input type="checkbox"/>
Marketing and Selling (245)			<input type="checkbox"/>
Project Administration (547)		<input type="checkbox"/>	
Retail Management (WAFC) (298)		<input type="checkbox"/>	<input type="checkbox"/>
	A	C	AAS
Small Business/Entrepreneurship (257)		<input type="checkbox"/>	<input type="checkbox"/>
Travel & Tourism Industry Management (263)			<input type="checkbox"/>
Science, Technology, Engineering & Mathematics (STEM)*			
Data Recovery Forensic Specialist (506)			<input type="checkbox"/>
Drafting Design (778)			<input type="checkbox"/>
Information Systems Project Coordinator (534)			<input type="checkbox"/>
Network Specialist (527)			<input type="checkbox"/>
Web/Database Developer (515)			<input type="checkbox"/>
Education & Library Services*			
Child Care Assistant (405)	<input type="checkbox"/>		
Child Care Site Coordinator (4050)	<input type="checkbox"/>		
Early Childhood (402)			<input type="checkbox"/>
Education Paraprofessional (839)	<input type="checkbox"/>		
Instructional Assistant (839)	<input type="checkbox"/>		
Library & Information Services (535)			<input type="checkbox"/>
Library Technician Training (535)	<input type="checkbox"/>		
	A	C	AAS
Paraeducator (839)			<input type="checkbox"/>
Health and Wellness*			
Dispensing Optician (361)		<input type="checkbox"/>	
Medical Assistant (381)			<input type="checkbox"/>
Medical Transcriptionist (574)		<input type="checkbox"/>	
Nursing: LPN to RN (323B)			<input type="checkbox"/>
Nursing: RN (323B)			<input type="checkbox"/>
Patient Account Specialist (315)		<input type="checkbox"/>	
Personal Fitness Trainer (351)			<input type="checkbox"/>
Polysomnographic Technology (372)			<input type="checkbox"/>
Respiratory Care (378)			<input type="checkbox"/>
Social Science Law & Philosophy*			
Administration of Justice (832)			<input type="checkbox"/>
Chemical Dependency Professional (437)			<input type="checkbox"/>
Human Services (420)			<input type="checkbox"/>
Paralegal (586)			<input type="checkbox"/>
Paralegal Plus (586)		<input type="checkbox"/>	

Signature:

I certify that to the best of my knowledge all statements on this form are true and correct.

Student Signature _____ Date _____

Services are available for students who have special needs because of a disability. Call (206) 878-3710, ext. 3857 or TTY (206) 870-4853/ VP (866) 327-6856 for details.

Highline Community College provides equal opportunity in education and employment and does not discriminate against anyone based on race, ethnicity, creed, color, national origin, sex, marital status, sexual orientation, age, religion, or the presence of any sensory, mental or physical disability, or status as a disabled person or veteran of war, in accordance with applicable laws.