

Orange Coast College International Student Application

2701 Fairview Road • Box 5005 • Costa Mesa • California 92628-5005 • (714) 432-5940

PLEASE PRINT OR TYPE

1. This application is for:

Fall Spring Summer _____ Year

2. New student Returning student _____/_____/_____
DATE LAST ATTENDED

3. Name: _____
LAST FIRST MI

4. _____
LIST PRIOR NAMES USED

5. Birthdate: _____ 6. Male Female (_____) (_____)
MONTH DAY YEAR AGE AREA CODE DAY PHONE AREA CODE EVENING PHONE

7. Current address or residence: _____
NUMBER & STREET APT.NO. CITY ZIP COUNTRY

8. Emergency contact and permanent address in home country:

NAME RELATIONSHIP TO YOU PHONE

NUMBER & STREET APT.NO. CITY ZIP COUNTRY

9. Mailing address: _____
(IF DIFFERENT FROM RESIDENCE) NUMBER & STREET APT.NO. CITY ZIP

10. When did your present stay in California begin? (if applicable) _____
MONTH DAY YEAR

If less than two (2) years, list previous address and dates for those two (2) years:

NUMBER & STREET APT.NO. CITY STATE MO/YR TO MO/YR

NUMBER & STREET APT.NO. CITY STATE MO/YR TO MO/YR

11. Birthplace: _____
CITY STATE COUNTRY

12. Citizenship (proof may be required): _____
COUNTRY VISA EXPIRATION DATE

Visa Type (check one): Tourist Visa Student Visa (F-1 or other) (5) No Visa (Outside USA)

13. Ethnic background:

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> American Indian/Native Alaskan (N) | <input type="checkbox"/> Filipino (F) | <input type="checkbox"/> Mexican, Mexican-American, Chicano (HM) | <input type="checkbox"/> Chinese (AC) | <input type="checkbox"/> Vietnamese (AV) |
| <input type="checkbox"/> White, Non-Hispanic (W) | <input type="checkbox"/> Pacific Islander (P) | <input type="checkbox"/> Central American (HR) | <input type="checkbox"/> Japanese (AJ) | <input type="checkbox"/> Asian Indian (AI) |
| <input type="checkbox"/> Black, Non-Hispanic (B) | <input type="checkbox"/> Guamanian (PG) | <input type="checkbox"/> Hawaiian (H) | <input type="checkbox"/> Korean (AK) | <input type="checkbox"/> Asian (A) |
| <input type="checkbox"/> Other Non-White (O) | <input type="checkbox"/> Hawaiian (PH) | <input type="checkbox"/> Other Hispanic (H) | <input type="checkbox"/> Laotian (AL) | <input type="checkbox"/> Other Asian (AX) |
| <input type="checkbox"/> Decline to stat (XD) | <input type="checkbox"/> Samoan (PS) | <input type="checkbox"/> Other Hispanic (H) | <input type="checkbox"/> Cambodian (AM) | <input type="checkbox"/> Unk./Non-Respondent (AX) |

14. Do you have a disability? (mark all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Hearing Disability | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Severe Visual Impairment | <input type="checkbox"/> Speech Disability | <input type="checkbox"/> Mobility or Orthopedic Disability |

15. E-mail address: _____

U.S. Social Security Number - Optional:
(Leave blank if none available.)

_____-_____-_____
[] [] [] - [] [] - [] [] [] []

16. Primary language: English (E) Not English (N) First language _____

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CT _____

17. High school attended/attending (if applicable):

_____ HIGH SCHOOL NAME CITY STATE

18. High school education (select one) :

- G Earned a foreign high school diploma
- B High student currently enrolled in grades 11-12
- D Earned a U.S. high school diploma
- E Passed the GED or earned a CYA diploma
- F Earned a Certificate of the California High School Proficiency Examinations
- H Attending adult school to earn high school diploma
- C Not a high school graduate and not currently attending high school
- A Special student currently enrolled in grades K-10

19. High school graduation date or expected date of graduation: _____ / _____
MONTH YEAR

20. Educational goal (select one) :

- A Associate of Arts Degree with transfer to Bachelor's Degree program
- B Bachelor's Degree or higher
- C Associate of Arts Degree without transfer
- D Two-year vocational degree/no transfer
- E Certificate only
- F Discover career interests or goals
- G Prepare for new career
- H Advance on my current job/career
- I Maintain license/certificate
- J Personal development/interest/cultural
- K Improve basic skills in English, reading, math
- L Complete credits for GED or high school
- M Undecided

21. Major (enter major and code number from listing of major codes on page 6): _____ MAJOR CODE

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22. Your transfer plan (mark only ONE box) :

- Non-transfer
- California State University
- University of California
- California independent college or university
- Out-of-state college or university

23. List English as a Second Language (ESL) programs, colleges and universities that you have attended (most recent first):

College	City/State	From (Year)	To (Year)

24. Collegiate academic level (mark only ONE box) :

- Never attended college
- Fewer than 30 semester units
- 30-59.5 semester units
- 60 or more semester units - no Associate of Arts Degree
- Associate of Arts Degree - Year awarded _____
- Bachelor's of Arts or Science Degree or higher - Year awarded _____

25. Student enrollment status (mark only ONE box) :

- First time college student
- First time at Orange Coast College, attended another college(s)
- Returning to Orange Coast College after attending another college(s)
- Returning to Orange Coast College without attending other college(s)
- College starter (junior or senior in high school)
- Special admittance (K-10)

26. I certify that all information provided is correct and that I am in compliance with the registration restrictions as set forth in the catalog.

**This application is considered a legal document and will become a permanent part of your record.
Falsification of this document may be cause for dismissal and other legal action as deemed appropriate.**

_____ SIGNATURE DATE