

Admissions Application

High school transcripts are NOT required for admission. An application fee is not charged.

It is the policy of Washington's community and technical colleges to provide equal opportunity in education regardless of race, ethnicity, creed, color, national origin, sex, marital status, sexual orientation, age, religion, genetic information, gender identity, veteran status or the presence of any sensory, mental, or physical disability.

Last name	First	Middle	Birthdate
Mailing address: number and street or P.O. Box		Apt #	Previous name(s)
City, State, ZIP Code	Mobile	Home	Work
Personal email		Work email (optional):	
Social Security Number*		Gender (providing this information is voluntary)	
		Female <input type="checkbox"/> Male Not exclusively male or female Unknown	

*To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer ID Number (ITIN). We will use your SSN/ITIN to report payments made by you that may qualify for a tax credit or a tax deduction on your income tax return. We may also use this information 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;

Citizenship/Passport & Visa Information: **US citizen?** ☐ **Yes** ☐ **No**

****If not a US Citizen, country of citizenship** _____ ☐ **Visitor**

Permanent Resident Card # _____ ☐ **International Student with F or M Visa**

☐ **Other** _____

****Please submit a copy of your immigration documentation with this application.**

Name of last high school attended OR <input type="checkbox"/> GED earned, year _____	City and State	Graduated? Yes Year _____ No, Highest grade completed _____
Name of last college, vocational/technical school attended	City and State	Graduated? Yes No
Name of other college, vocational/technical school attended	City and State	Graduated? Yes No

Ethnicity: (Providing this information is voluntary. The information is used for statistical purposes only.)

American Indian/Alaska Native

Black/African American

Hispanic/Latino

Asian

Native Hawaiian/Other Pacific Island

White

Other - please specify: _____

Start term: Fall Winter Spring Summer

Type: First Year Reapplying Running Start Transfer Transitional Studies Bachelor

ctcLink ID

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. My typed name below stands as an electronic signature.

Signature: _____ **Date:** _____

Please complete back of form

Program of Study, please choose one from the groups below:

Academic: ☐ Associate in Arts DTA ☐ Associate in General Studies ☐ Associate of Science ☐ Associate in Business
☐ Associate in Pre-Nursing

OR

Professional Technical: *Please choose one program below:*

- | | |
|---|--|
| <input type="checkbox"/> Accounting Technology | <input type="checkbox"/> IT Security |
| <input type="checkbox"/> Administrative Office Support | <input type="checkbox"/> IT Support Specialist |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Marine Systems Technology |
| <input type="checkbox"/> Computer Info Systems | <input type="checkbox"/> Medical Assisting AAS-T |
| <input type="checkbox"/> Construction Trades | <input type="checkbox"/> Nursing Assistant (not FA eligible) |
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Nursing/RN |
| <input type="checkbox"/> Culinary Arts Institute: Sous Chef | <input type="checkbox"/> Nursing/LPN |
| <input type="checkbox"/> Early Childhood Education ATA | <input type="checkbox"/> Organizational Leadership & Resource Mgmt |
| <input type="checkbox"/> Early Childhood Education AAS-T | <input type="checkbox"/> Leadership & Occupational Studies |
| <input type="checkbox"/> Engineering Technology AAS | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Filmmaking | <input type="checkbox"/> Substance Use Disorder Professional |
| <input type="checkbox"/> Homeland Security/Emerg. Mgmt. | <input type="checkbox"/> Technical Design |
| <input type="checkbox"/> IT-Interactive Web Design | <input type="checkbox"/> Undeclared |
| <input type="checkbox"/> IT Networking | <input type="checkbox"/> Welding Technology |

☐ Certificate: _____

(A list of certificates offered at Olympic College is available upon request. A certificate must be a minimum of 24 Credits to be eligible for Financial Aid)

OR

Non-Award Seeking

☐ Non-degree—Job upgrade ☐ Non-degree—Other ☐ Non-degree—Parent Education ☐ Aviation Technology

OR

Transitional Studies (Developmental studies, below college level)

☐ Adult Basic Education ☐ English as a Second Language ☐ High School 21+

OR

Bachelor Degrees:

☐ Filmmaking ☐ Information Systems ☐ Nursing ☐ Org Leadership & Tech Management

(Bachelor degree programs require a selective admissions application—found on each program's website.)

Residency: Please answer all questions.

Response or non-response to this section will not affect your consideration for admission.

☐ **Yes** ☐ **No** Have you lived in Washington State for the past 12 consecutive months?

If NO, how long have you lived continuously in Washington? _____ months

☐ **Yes** ☐ **No** Do you have a driver's license or state ID? Your current license/ID was issued in which state? _____

☐ **Yes** ☐ **No** Do you drive a registered vehicle? The current registration for this vehicle was issued in which state? _____

☐ **Yes** ☐ **No** Are you under the age of 24 years old?

☐ **Yes** ☐ **No** Were you claimed for federal income tax purposes by a parent or legal guardian in the current/past calendar year?

☐ **Yes** ☐ **No** If **YES**, has your mother, father or legal guardian lived continuously in Washington for the past 12 months?

☐ **Yes** ☐ **No** Are you receiving financial assistance from another state?

☐ **Yes** ☐ **No** Are you an active duty member of the US Armed Forces or Washington National Guard?

☐ **Yes** ☐ **No** Are you the spouse or dependent of an active duty military person stationed in Washington or a spouse/dependent of an active duty member of the Washington National Guard?

☐ **Yes** ☐ **No** Have you separated from active duty military service in the last three years?