

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 <i>(providing this information is voluntary)</i>	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not exclusively male or female <input type="checkbox"/> 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; however, you may be subject to an IRS penalty of \$50. Pursuant to state and federal law, the college will protect your SSN/ITIN from unauthorized use and/or disclosure.

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.

Signature: _____ **Date:** _____

Please complete back of form

Program of Study:**Academic:**

Associate in Arts DTA

☐ Associate in Business

Associate in General Studies

Associate in Business

☐ Associate in Pre-Nursing

Associate of Science Bio/hem (AS-T1)

Associate of Science Engineering (AS-T2)

OR**Professional Technical:***Please choose one program below:*

Accounting Technology AAST

IT Security AAST

Accounting Technology ATA

IT Support Specialist

Business Management

Marine Systems Technology

Computer Info Systems

Medical Assisting AAST

Cosmetology

Nursing Assistant (not FA eligible)

Culinary Arts Institute: Sous Chef

Nursing/RN

Early Childhood Education ATA

Nursing/LPN

Early Childhood Education AAST

Leadership & Business Mgmt AAST

Engineering Technology AAS

Leadership & Occupational Studies

Filmmaking AAST

Physical Therapist Assistant

Homeland Security/Emerg. Mgmt.

Radiologic Technology AAS

Human Services SUDP AAST

Substance Use Disorder Professional

IT Security AAST

Surgical Technologist AAS

IT-Interactive Web Design AAST

Technical Design

IT Networking

Undeclared

IT Software Development AAST

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

OR**Transitional Studies** *(Developmental studies, below college level)*Adult Basic Education ☐ English as a Second Language

High School 21+

OR**Bachelor Degrees:**

Behav. Healthcare

☐ Computer Sci.☐ Filmmaking☐ Info Systems☐ Nursing

Org Leadership & Tech Mgmt.

*(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?