

Application for Program Admission

Bachelor of Applied Science in Digital Filmmaking (BAS DF)

A \$50 non-refundable application fee is required. Please include a check or money order payable to Olympic College.

Quarter and Year <input type="checkbox"/> Fall 2019 <input type="checkbox"/> Fall 2020			
OC Student ID Number (SID)	Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yyyy)	If your name changed, list full former name.		
Phone	Mailing Address		
Email	City, State and Zip Code		
Have you ever attended classes for credit at OC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
Emergency Contact		Non-U.S. citizens Please answer the following questions and submit a copy of your immigration documentation with this application.	
Name	List your country of citizenship.		
Relationship	What is your Visa Status?		
Phone	<input type="checkbox"/> International Student (with F or M Visa) <input type="checkbox"/> Visitor <input type="checkbox"/> Temporary Resident Alien Number _____ <input type="checkbox"/> Refugee/Parolee or Conditional Entrant Alien Number _____		
Optional Statistical Information This data will not be used in the admission process.			
<input type="checkbox"/> American Indian or Alaska Native (597) <input type="checkbox"/> African American (872) <input type="checkbox"/> Chinese (605) <input type="checkbox"/> Filipino (608) <input type="checkbox"/> Japanese (611) <input type="checkbox"/> Korean (612)		<input type="checkbox"/> Native Hawaiian or Pacific Islander (653) <input type="checkbox"/> Vietnamese (619) <input type="checkbox"/> White (800) <input type="checkbox"/> Other Asian (621) <input type="checkbox"/> Other Pacific Islander (681) <input type="checkbox"/> Other race (799), specify _____	
		Are you of Hispanic or Latino origin? <input type="checkbox"/> No (999) <input type="checkbox"/> Mexican, Mexican American or Chicano (722) <input type="checkbox"/> Cuban (709) <input type="checkbox"/> Other, specify _____	
Mail or deliver documents and payment to: Olympic College Admissions Office 1600 Chester Avenue Bremerton, WA 98337			

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OC Student ID Number (SID)	
Residency Information A student cannot qualify as a legal WA resident for tuition if he or she has a valid out-of-state driver's license, vehicle registration or other document that gives evidence of being a legal resident in another state.	
Have you been a legal resident in WA and lived continuously in the state for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, how many months under 12 have you lived in WA?	
Were you claimed for federal income tax purposes by your mother, father or legal guardian in the past calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has your mother, father or legal guardian lived continuously in WA for the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you be attending college with financial aid provided by a public or private non-federal agency or by an institution outside of WA where state residency is a requirement for receiving aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you active duty military stationed in WA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the spouse or dependent of an active duty military person stationed in WA? <input type="checkbox"/> Yes <input type="checkbox"/> No Location: <input type="checkbox"/> Bremerton <input type="checkbox"/> Shelton <input type="checkbox"/> Poulsbo <input type="checkbox"/> Bangor Naval Hospital	
Veterans and/or dependents may qualify for educational benefits. Would you like more information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education Please list institutions in order of attendance.	
Last high school attended	City and state
Dates (mm/dd/yyyy) From _____ to _____	Graduate? <input type="checkbox"/> Yes, year _____ <input type="checkbox"/> No, highest grade _____
Have you taken the GED test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date earned (mm/dd/yyyy)	
First college attended	City and state
Dates (mm/dd/yyyy) From _____ to _____	Degree received? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of degree _____
Additional college attended	City and state
Dates (mm/dd/yyyy) From _____ to _____	Degree received? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of degree _____
Additional college attended	City and state
Dates (mm/dd/yyyy) From _____ to _____	Degree received? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of degree _____
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General Questions	
How did you hear about the BAS DF Program? <input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/> OC website <input type="checkbox"/> Other, specify	
Have you participated in or obtained any of the following? Check all that apply. <input type="checkbox"/> Technical experience <input type="checkbox"/> Military experience <input type="checkbox"/> Other, specify	
Have you completed pre-college testing? <input type="checkbox"/> Accuplacer <input type="checkbox"/> Asset <input type="checkbox"/> Compass If yes, please provide year(s) and location(s).	
Confirmation Please check that information is complete and correct. Then print, sign and date your application.	
Signature	Date (mm/dd/yyyy)
Mail or deliver documents and payment to: Olympic College Admissions Office 1600 Chester Avenue Bremerton, WA 98337	

OFFICE USE ONLY	
Residency Code	Fee Pay Status

Transcript Evaluation Request



Instructions:

- (1) Students may submit this request form as soon they have registered for classes in their first quarter of attendance, or have been enrolled previously at OC.
- (2) Requests for evaluations cannot be processed until after the tenth instructional day of the quarter.
- (3) Evaluations can take up to ten weeks to complete from the time all transcripts are received.

Name _____ Date of request _____

SID# _____ Birth date _____

Telephone number _____ Previous names _____

Personal email address required for notification (Please print legibly): _____

EDUCATIONAL GOALS AT OLYMPIC COLLEGE

Bachelor of Applied Science Filmmaking

LIST ALL COLLEGES / UNIVERSITIES/MILITARY SCHOOLS ATTENDED PREVIOUSLY

_____	_____
_____	_____
_____	_____

Veterans

- Failure to list **ALL** schools attended will delay your evaluation and temporarily affect delivery of benefits.

Transcripts

- Students are required to submit official, sealed (unopened) transcripts of all colleges, universities, or military training in support of this request.
- Send to Olympic College, Registration and Records, 1600 Chester Ave., Bremerton, WA 98337 or electronic transcripts to evaluators@olympic.edu.
- Olympic College **MUST** receive official transcripts within one year of the date on this form or the evaluation request will be cancelled. A new request form will be required.

Your signature indicates approval and permission for Olympic College to make inquiries (if necessary) to the colleges/universities listed above regarding transcript and course information. This MAY require Olympic College to use your Social Security number and/or birthdate as identifiers.

Signature: _____ **Advisor copy to:** _____

<i>For office use only</i>	<i>Rev 12/18/18</i>
<i>Eligible for evaluation</i> _____	<i>Queue date</i> _____
<i>Notes:</i> _____	
<input type="checkbox"/> <i>SD3005</i> <input type="checkbox"/> <i>SM2001</i> <input type="checkbox"/> <i>SM6012</i> <input type="checkbox"/> <i>SM5003</i> <input type="checkbox"/> <i>EMAIL</i>	