



ADMISSIONS APPLICATION

Enrollment Services Office, Building 17 • 4500 Steilacoom Blvd SW, Lakewood WA 98499
 Phone: 253-589-5666 • Email: studentrecords@cptc.edu • Website: www.cptc.edu

To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). This information is used for several purposes: to administer financial aid, to verify academic records, to conduct research, and to report payments you made that may qualify you for a tax credit or a tax deduction on your income tax return. In keeping with state and federal law, the college will protect your SSN/ITIN from unauthorized use and disclosure. If you do not disclose your SSN/ITIN, you will not be denied admissions or enrollment to the college; however, you may be subject to an IRS penalty of \$50.

Please provide your legal sex as denoted on your birth certificate or driver's license per WAC 246-490-075 or WAC 308-104-0150. Gender Identity is collected after admission to the college and in student self-service.

ctcLink ID #		Previous Student ID # (if applicable)		*Required
BIO - DEMO INFORMATION				
Title	First Name *	Middle Name	Last Name *	Suffix
Social Security Number/ITIN		Date of Birth (mm/dd/yyyy) *		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X/Non-Binary <input type="checkbox"/> Unknown <input type="checkbox"/> Not Exclusively Female/Male
ADDRESS				
Address Type * <input type="checkbox"/> Home <input type="checkbox"/> Mailing <input type="checkbox"/> Temporary <input type="checkbox"/> Billing <input type="checkbox"/> Other				
Address (Street or P.O. Box) *			Apartment / Unit #	
			City *	State *
			Zip *	
CONTACT INFORMATION				
<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Business <input type="checkbox"/> Other		Phone (area code)		Ext.
<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Business <input type="checkbox"/> Other		Phone (area code)		Ext.
EMERGENCY CONTACT INFORMATION				
Emergency Contact Full Name		Emergency Contact Phone (area code)		Relationship
EMAIL INFORMATION				
<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Campus <input type="checkbox"/> Other		Email Address *		
PROGRAM/PLAN INFORMATION				
Student Type * First Year Reapplying/Returning Running Start Youth Technical High School Transitional Studies International Student Continuing Education		Award Type * Certificate High School Diploma/Completion Associate Non-Award Seeking Baccalaureate Other: _____		Enrollment Status * <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other
		Plan of Study *		Quarter & Year Plan Start * <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring 20_____
CITIZENSHIP & VISA INFORMATION				
Are you a U.S. Citizen? * <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, what type of VISA do you have? * <input type="checkbox"/> Immigrant/Permanent Resident* # _____ <input type="checkbox"/> International Student: <input type="checkbox"/> F1 <input type="checkbox"/> M1 <input type="checkbox"/> Other _____ <input type="checkbox"/> Refugee or Conditional Entrant <input type="checkbox"/> Visitor <input type="checkbox"/> Other, Explain: _____		<i>*Please attach a copy of both sides of your Permanent Resident Alien Card or I-94 Card so we may determine your residency for tuition paying purposes.</i>

ACADEMIC HISTORY

Last <u>High School</u> Attended *		City *	State *
Dates Attended (mm/dd/yyyy) * to	Did you Graduate? * <input type="checkbox"/> No <input type="checkbox"/> Yes, provide graduation date (mm/dd/yyyy)		Do you have a? <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED
Last <u>College/University</u> Attended		City	State
Dates Attended (mm/dd/yyyy) to	Did you Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide graduation date (mm/dd/yyyy) _____		

ETHNICITY INFORMATION

Our system is committed to racial equity and equal opportunity for all students. We collect information on race, ethnicity, and other student demographic data to measure our progress and guide our efforts to achieve these goals. Response or non-response to this section will not affect your consideration for admission.

Are you Hispanic or Latino? Yes No

What is your race? Select one or more

<input type="checkbox"/> WHITE	<input type="checkbox"/> HISPANIC / LATINO		<input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE		
	<input type="checkbox"/> Argentinian	<input type="checkbox"/> Spanish-American	<input type="checkbox"/> Alaskan Athabaskans	<input type="checkbox"/> Hopi	<input type="checkbox"/> Shoshone
<input type="checkbox"/> BLACK / AFR AMERICAN	<input type="checkbox"/> Central American	<input type="checkbox"/> Spanish-Mexican	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Iroquois	<input type="checkbox"/> Shoshone Bannock Tribes
<input type="checkbox"/> African American	<input type="checkbox"/> Chicana/Chicano/Chicanx	<input type="checkbox"/> Sudamericana/Sudamericano/Sudamericanx	<input type="checkbox"/> Aleutian	<input type="checkbox"/> Jamestown Sklallam Tribe	<input type="checkbox"/> Sioux
<input type="checkbox"/> Black	<input type="checkbox"/> Chilean	<input type="checkbox"/> Tejano	<input type="checkbox"/> American Indian	<input type="checkbox"/> Kalispel Tribe of Indians	<input type="checkbox"/> Skokomish Indian Tribe
	<input type="checkbox"/> Colombian	<input type="checkbox"/> Uruguayan	<input type="checkbox"/> Apache	<input type="checkbox"/> Kiowa	<input type="checkbox"/> Snoqualmie Indian Tribe
<input type="checkbox"/> NATIVE HAWAIIAN/ OTHER PAC ISLNR	<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Venezuelan	<input type="checkbox"/> Bannock	<input type="checkbox"/> Klamath Tribes	<input type="checkbox"/> Spokane Tribe of Indians
<input type="checkbox"/> Guamanian/Chamorro	<input type="checkbox"/> Cuban		<input type="checkbox"/> Blackfoot	<input type="checkbox"/> Kootenai Tribe	<input type="checkbox"/> Squaxin Island Tribe
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Dominican		<input type="checkbox"/> Cherokee	<input type="checkbox"/> Lower Elwha Klallam Tribe	<input type="checkbox"/> Stillaguamish Tribe of Indians
<input type="checkbox"/> Samoan	<input type="checkbox"/> Ecuadorian		<input type="checkbox"/> Cheyenne	<input type="checkbox"/> Lumbee	<input type="checkbox"/> Suak Suiattle Indian Tribe
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> El Salvadorian		<input type="checkbox"/> Chickasaw	<input type="checkbox"/> Lummi Nation	<input type="checkbox"/> Suquamish Tribe
	<input type="checkbox"/> Galapagos Islander		<input type="checkbox"/> Chippewa	<input type="checkbox"/> Makah Tribe	<input type="checkbox"/> Swinomish Indian Tribal Community
<input type="checkbox"/> ASIAN	<input type="checkbox"/> Guajira/Guajiro/Guajirx		<input type="checkbox"/> Choctaw	<input type="checkbox"/> Muckleshoot Indian Tribe	<input type="checkbox"/> Tlingit
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guatemalan		<input type="checkbox"/> Coeur d Alene Tribe	<input type="checkbox"/> Navajo	<input type="checkbox"/> Tohono O'Odham
<input type="checkbox"/> Chinese	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Comanche	<input type="checkbox"/> Nez Perce Tribe	<input type="checkbox"/> Tulalip Tribes
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Honduran		<input type="checkbox"/> Conf Salish & Kootenai Tribes	<input type="checkbox"/> Nisqually Indian Tribe	<input type="checkbox"/> Upper Skagit Indian Tribe
<input type="checkbox"/> Filipino	<input type="checkbox"/> La Raza		<input type="checkbox"/> Conf Tribes/Bands of Yakama Nation	<input type="checkbox"/> Nooksack Indian Tribe	<input type="checkbox"/> Yaqui
<input type="checkbox"/> Hmong	<input type="checkbox"/> Latina/Latino/Latinx		<input type="checkbox"/> Conf Tribes of Chehalis Reservation	<input type="checkbox"/> Osage	
<input type="checkbox"/> Japanese	<input type="checkbox"/> Mestiza/Mestizo/Mextiz		<input type="checkbox"/> Conf Tribes of Colville Reservation	<input type="checkbox"/> Paiute	
<input type="checkbox"/> Korean	<input type="checkbox"/> Mex-Amer, Mexican		<input type="checkbox"/> Conf Tribes of Grand Ronde	<input type="checkbox"/> Pima	
<input type="checkbox"/> Laotian	<input type="checkbox"/> Morena		<input type="checkbox"/> Conf Tribes of Siletz Indians	<input type="checkbox"/> Port Gamble Sklallam Tribe	
<input type="checkbox"/> Mienh	<input type="checkbox"/> Nicaraguan		<input type="checkbox"/> Conf Tribes of Umatilla	<input type="checkbox"/> Potawatomi	
<input type="checkbox"/> Other - Asian	<input type="checkbox"/> Nuevo Mexicano		<input type="checkbox"/> Conf Tribes of Warm Springs	<input type="checkbox"/> Pueblo	
<input type="checkbox"/> Thai	<input type="checkbox"/> Other - Hispanic		<input type="checkbox"/> Cowlitz Indian Tribe	<input type="checkbox"/> Puget Sound Salish	
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Panamanian		<input type="checkbox"/> Cree	<input type="checkbox"/> Puyallup Tribe	
	<input type="checkbox"/> Paraguayan		<input type="checkbox"/> Creek	<input type="checkbox"/> Quileute Tribe	
<input type="checkbox"/> OTHER NOT LISTED	<input type="checkbox"/> Peruvian		<input type="checkbox"/> Crow	<input type="checkbox"/> Quinault Indian Nation	
<input type="checkbox"/> _____	<input type="checkbox"/> Puerto Rican		<input type="checkbox"/> Delaware	<input type="checkbox"/> Samish Indian Nation	
<input type="checkbox"/> _____	<input type="checkbox"/> South American		<input type="checkbox"/> Eskimo	<input type="checkbox"/> Seminole	
	<input type="checkbox"/> Spanish		<input type="checkbox"/> Hoh Indian Tribe	<input type="checkbox"/> Shoalwater Bay Indian Tribe	

SUPPLEMENTAL QUESTIONS	
Have you been in Washington State, federal, or tribal foster case for at least one day since your 13th birthday? Former Foster Youth may qualify for educational benefits and support services. *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has either of your parents earned a High School Diploma? * <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has either of your parents earned a bachelor's (4-year) degree? * <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If employed, are you employed full-time? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not employed, are you seeking employment? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterans and/or their dependents may qualify for educational benefits. Please indicate if you would like additional information. *	<input type="checkbox"/> Yes <input type="checkbox"/> No

NON-DISCRIMINATION POLICY: Clover Park Technical College does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation/gender identity, veteran's status, religion, or age in its program and activities. The following office has been designated to handle inquiries regarding non-discrimination policies: Chief Human Resources and Legal Affairs Officer, 4500 Steilacoom Blvd SW, Lakewood, WA 98499. Telephone (253) 589-5533.

LIMIT OF LIABILITY: The College's total liability for claims arising from a contractual relationship with the student in any way related to classes or programs shall be limited to the tuition and expenses paid by the student to the College for those classes or programs. In no event shall the College be liable for any special, indirect, incidental, or consequential damages, including but not limited to, loss of earnings or profits. By signing this document, student agrees to be bound by CPTC policies and procedures as set forth in the Student Handbook and online.

ACKNOWLEDGEMENT	
Student Signature	Date



If you are applying for admissions under the following student types, you are **not** required to complete the next two pages (Residency Form & International Admissions).

- ✓ **Running Start** – you may be required to complete the *Residency Form* if registering for a term not covered by the program.
- ✓ **Youth Technical High School (NWCTHS)**
- ✓ **Transitional Studies**
- ✓ **International Student** - You must complete the last page: *International Admissions Supplemental Information* form.
- ✓ **Continuing Education**



RESIDENCY FORM
 Enrollment Services Office | Building 17
 4500 Steilacoom Blvd SW | Lakewood WA 98499
 Phone: 253-589-5666 | Email: residency@cptc.edu

*Required

ctcLink ID #	Previous Student ID # (if applicable)	Full Name
Email Address		
RESIDENCY QUESTIONS		
Do you understand your response to residency questions will not affect your consideration for admissions? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. Citizen? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lived in the State of Washington for the past 12 consecutive months? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Driver's License or state ID? * If YES , which state issued your license or ID? * _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a registered vehicle? * If YES , which state issued your vehicle registration? * _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving financial assistance from another state? * If YES , which state provides your financial assistance? * _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you under the age of 24? * If YES , answer questions a & b below.		<input type="checkbox"/> Yes <input type="checkbox"/> No
a) For the current or past calendar year, will/did your mother, father, legal court-appointed guardian claim you as a dependent for federal income tax purposes? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Has your mother, father, or legal court-appointed guardian lived in the State of Washington for the past 12 consecutive months? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an active duty member of the U.S. Armed Forces or Washington National Guard? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse/dependent of an active duty military person stationed in Washington or an active duty member of the Washington National Guard? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , have you separated from active duty in the last 12 months? *		<input type="checkbox"/> Yes <input type="checkbox"/> No

Tuition for CPTC is calculated based on your residency status.
 For detailed information on residency requirements, please visit: www.cptc.edu/enrollment-services/residency.

By signing this document, I am confirming that the information provided is true and correct to the best of my knowledge. I understand that my response to these questions will not affect my admission to Clover Park Technical College.

ACKNOWLEDGEMENT	
Student Signature	Date

Office Use Only		
Received Date _____	Received By _____	Classification By _____
Residency Classification		
<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Undetermined
<input type="checkbox"/> Active Military Duty (09)	<input type="checkbox"/> Permanent Resident (verified)	<input type="checkbox"/> Refugee
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Non-Resident Waiver (29)
		<input type="checkbox"/> International



INTERNATIONAL ADMISSIONS SUPPLEMENTAL INFORMATION

Student Full Name* _____

*Required

BIRTH INFORMATION			
Birth Location*	Birth Country*	Birth State*	
CITIZENSHIP			
Country of Citizenship*	Citizenship Status in Country of Citizenship*		
PASSPORT			
Passport Number*	Issue Date* (mm/dd/yyyy)	Expiration Date* (mm/dd/yyyy)	
Country*	State*	City*	
Issuing Authority*			
VISA/PERMIT			
Visa Type*	Visa Number*	Visa Status*	Status Date* (mm/dd/yyyy)
		<input type="checkbox"/> Applied <input type="checkbox"/> Renewal <input type="checkbox"/> Denied <input type="checkbox"/> Renewed <input type="checkbox"/> Granted	
Issue Date* (mm/dd/yyyy)	Duration*	Duration Type*	
		Days Months Years	
Date of Entry into Country*	Expiration Date* (mm/dd/yyyy)	Issue Place*	
Issuing Authority*			