Fall of 2016

Applications are accepted one (1) time per year. The deadline to apply is as follows, late applications WILL NOT be accepted.

Applications must be received on or before:
- June 15 for admission into the following Fall Semester beginning in August.

Your application packet should contain the following:
(NOTE: incomplete packets WILL NOT be accepted)
- Completed Application
- Two (2) OFFICIAL sealed transcript from all colleges attended except COS
- One (1) unofficial transcript from COS (if applicable)

Applicants will be notified by official letter regarding the status of their entry into the PTA Program.

<table>
<thead>
<tr>
<th>Application Deadline</th>
<th>Semester for Admission</th>
<th>Date of Notification</th>
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</table>

* If the deadline falls on a weekend or holiday, applications are due the following business day.

Seal your application and supporting documents in a 9”x12” manila envelope. Please hand deliver or mail your completed application packet to:

College of the Sequoias
Attn: PTA Program
John Muir Room 125
915 S. Mooney Blvd.
Visalia, CA 93277
College of the Sequoias—PTA Program
Application Form

Personal Information

Mr. ☐ Ms. ☐

Last            First            M.I.            Previous Last

Address: ____________________________________________________________

Street Address __________________________ Apartment/Unit #________

City __________________________ State __________ Zip Code __________

Phone: __________________________

Birth Date: __________

Email: __________________________

COS Banner ID#: __________________________ Social Security #: __________________________

Have you already attained a college degree?  ☐ No  ☐ AS  ☐ AA  ☐ BS  ☐ BA  ☐ MA  ☐ MS

Major: __________________________

Military

Military Status:  ☐ Active Duty  ☐ Reservist  ☐ Veteran within last 15 years

AP 5055 states: Any member or former member of the Armed Forces of the United States or California State Military Reserve for any academic term within fifteen years of leaving active duty provided the student did not receive either a dishonorable discharge or a bad conduct discharge pursuant to Education Code 66025.8. A copy of your DD-214 is required with your application.

College Education

<table>
<thead>
<tr>
<th>College Name</th>
<th>City/State</th>
<th>Dates Attended</th>
<th>Degree Earned</th>
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<tbody>
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Applicants are allowed one repeat in Human Anatomy and Human Physiology. Please list each time you have taken Human Anatomy /Human Physiology. If you have taken more than one repeat, only the first repeat will be considered.

<table>
<thead>
<tr>
<th>Course</th>
<th>College</th>
<th>Semester/ *Quarter</th>
<th>Units</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biology 30 (Human Anatomy) 4 Semester Units</td>
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<td>Biology 30 (Human Anatomy) 4 Semester Units</td>
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<td>Biology 31 (Human Physiology) 4 Semester Units</td>
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<td>Biology 31 (Human Physiology) 4 Semester Units</td>
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</table>

*All Quarter System Units will be converted to Semester System Unit Credits and must meet the requirement of 8 semester units.

<table>
<thead>
<tr>
<th>Course</th>
<th>College</th>
<th>Term</th>
<th>Units</th>
<th>Grade</th>
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<tbody>
<tr>
<td>English 1 (Area A1)</td>
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<tr>
<td>Communication 1, 4, or 8 (Area A2)</td>
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<td>Humanities (Area C)</td>
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<td>Social/Behavioral Science (Area D)</td>
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<td>History 17, 18, or Pols 5</td>
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<td>Math Competency—230 or Equivalent</td>
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<tr>
<td>Physical Education</td>
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</table>

Please refer to [www.cos.edu/studentservices/counseling](http://www.cos.edu/studentservices/counseling) for more information.
Acknowledgement

I certify to the best of my knowledge all information provided on this document is complete and accurate. I understand and acknowledge it is my responsibility to verify that all required documents are included with this application. I understand that failure to include any required documents will result in disqualification of my application.

Signature: ___________________________________________  Date: ___________________________________________

Demographic Information (optional)

Please complete the following survey:

Gender: 
_____ Male
_____ Female

Age: 
_____ < 25 years of age
_____ 26-30 years of age
_____ 31-40 years of age
_____ 41-50 years of age
_____ 51-60 years of age
_____ > 61 years of age

Ethnicity:  (Mark only one)
_____ African American
_____ American Indian
_____ Non-Filipino Asian or Pacific Islander
_____ Filipino
_____ Hispanic
_____ Caucasian
_____ Other
_____ Unknown

Date: -________________________