



**BELLEVUE**  
COLLEGE

Bellevue College  
3000 Landerholm Circle SE  
Bellevue, WA 98007-6484  
(425) 564-1000 [www.bellevuecollege.edu](http://www.bellevuecollege.edu)

**BACHELOR PROGRAMS**  
**Admission Application**

Office Use Only

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**INSTRUCTIONS:**

- Sign and date application
- Include non-refundable application fee of \$125.00; checks or money orders should be made payable to Bellevue College.
- Mail to the attention of the Bachelor Degree Programs along with completed application materials.

**NOTE:** Meeting minimum requirements does not guarantee admission. Contact the appropriate bachelor program office to be sure you include necessary documents and meet prerequisites.

**Please type or print with a black ballpoint pen. Shaded areas for office use only.**

**PERSONAL INFORMATION**

Last Name		First Name		Middle Initial
Address, including apartment number			City	State
Day Phone	Ext.	Evening Phone	Ext.	
Date of Birth (mm/dd/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(This information is voluntary)</i>		
E-mail address		Previous Names 1. _____ 2. _____		
Social Security Number*		<small>*To comply with federal law, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Lifetime tax credit, 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 civil penalties (refer to Internal Revenue Service Treasury Regulations 1.6050S-1(e)(4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.</small>		
<input type="checkbox"/> Please check this box if you <b>refuse</b> to provide your social security number.		<b>SS</b>		

Which quarter do you plan to start? Year 20 ____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Have either of your parents earned a bachelor's (4-year) degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>ADM - STAT</b> <b>B</b>
Are you a spouse or dependent of a 100% Service Connected Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>STU-PRG APPLY</b>
Have you ever applied for admission or attended classes at BC? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>F\$</b>		
Have you been in Washington State Foster Care for at least one year since your 16th birthday? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**YOUR INTENDED DEGREE PROGRAM**

<b>BACHELOR OF APPLIED SCIENCE in RADIATION &amp; IMAGING SCIENCES</b>				<b>BACHELOR OF APPLIED ARTS</b>	
<input type="checkbox"/> MANAGEMENT	<input type="checkbox"/> TECHNOLOGY	<input type="checkbox"/> RADIOLOGIST ASSISTANT	<input type="checkbox"/> MEDICAL DOSIMETRY	<input type="checkbox"/> INTERIOR DESIGN	

**ACADEMIC HISTORY**

Current certification(s), Date, Registry Number (if applicable)					
Last college, vocational, or technical school attended		Code	City and State	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> YES, Year _____ <input type="checkbox"/> NO
Other college, vocational, or technical school attended		Code	City and State	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> YES, Year _____ <input type="checkbox"/> NO
Other college, vocational, or technical school attended		Code	City and State	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> YES, Year _____ <input type="checkbox"/> NO

List any additional colleges and vocational/technical schools on a separate sheet of paper and attach.

**OFFICE USE ONLY**

RESIDENCY CODE	FEE PAY STATUS	ADMISSION NUMBER	DATE RECEIVED	DATE ENTERED	ENTERED BY
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**RESIDENCY INFORMATION**

**Please read the following notice before responding to the questions in this section.**

Effective July 1, 2003, Washington State law changed the definition of "resident student." The law makes certain students eligible for resident student status - and eligible to pay resident tuition rates - when they attend public colleges and universities in this state. *The law does not guarantee these students will be eligible to receive need-based state or federal financial aid.* To qualify for resident status, students must complete an affidavit/declaration/certification if they are not permanent residents or citizens of the United States but have met **one** of the following conditions:

- **Condition One:** (a) Resided in Washington State for three years immediately prior to receiving a high school diploma, and (b) Completed the full senior year at a Washington high school, and (c) Continuously resided in the State since earning the high school diploma.
- **Condition Two:** (a) Completed the equivalent of a high school diploma, and (b) Resided in Washington State for three years immediately before receiving the equivalent of the diploma, and (c) Continuously resided in the State since earning the equivalent of a high school diploma.

**NOTE: If you meet one of the above conditions and would like to pay resident tuition rates, contact us to request the Residency Affidavit form.**

**Residency Questions for Tuition Purposes**

1. Have you been a resident* of Washington and lived continuously in the State of Washington for the past 12 months? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>*A student cannot qualify as a resident of Washington for tuition calculation purposes if she/he possesses a valid out-of-state driver's license, vehicle registration, or other documents that give evidence of being a resident in another state.</i> If no, how long have you lived continuously in the State of Washington? _____ months	
2a. Will you be claimed for federal income tax purposes by your mother, father, or legal court-appointed guardian in the current calendar year? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 2b. In the past calendar year? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 2c. Has your parent or legal court-appointed guardian lived continuously in Washington State for the past 12 months? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
3. Will a public or private non-federal agency/institution outside the State of Washington provide you with financial assistance to attend college? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>(Answer yes only if your eligibility for this assistance is based on being a resident of that state.)</i>	
4a. Are you active duty military stationed in Washington or an active member of the Washington National Guard? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 4b. Are you the spouse or dependent of either an active duty military person stationed in Washington, or an active member of the Washington National Guard? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>SUBMIT SUPPORTING DOCUMENTATION WITH THIS APPLICATION</b>	

**RACE AND CITIZENSHIP INFORMATION**

1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. citizen, what is your country of citizenship? _____ If not a U.S. citizen, what is your immigrant/non-immigrant status?* <input type="checkbox"/> International Student (with F or M visa) <input type="checkbox"/> Visitor <input type="checkbox"/> Temporary Resident #: _____ <input type="checkbox"/> Immigrant/Permanent Resident #: _____ <input type="checkbox"/> Refugee/Parolee or Conditional Entrant #: _____ <input type="checkbox"/> Other - Explain: _____ _____ _____	2. Which race/ethnicity do you consider yourself to be? Please mark one or more boxes: <b>(This information is voluntary.)</b> <input type="checkbox"/> African American (872) <input type="checkbox"/> Alaska Native (015) <input type="checkbox"/> American Indian (597) <input type="checkbox"/> Asian Indian (600) <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 (653) <input type="checkbox"/> Thai (618) <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 (please specify) _____	3. Are you of Spanish/Hispanic/Latino race/ethnicity? <b>(This information is voluntary.)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, Mexican, Mexican American (722) <input type="checkbox"/> Yes, Puerto Rican (727) <input type="checkbox"/> Yes, Chicano/Chicana (705) <input type="checkbox"/> Yes, Cuban (709) <input type="checkbox"/> Yes, Central American (704) <input type="checkbox"/> Yes, South American (729) <input type="checkbox"/> Yes, Other Spanish, Hispanic/Latino (please specify) _____ _____
<b>*SUBMIT A COPY OF YOUR IMMIGRATION DOCUMENTATION WITH THIS APPLICATION</b>		

Response or non-response to any question listed as voluntary will not affect your consideration for admission.

**Applicant's Certification: I certify that all statements on this form are true to the best of my knowledge.**

Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_