PORTLAND COMMUNITY COLLEGE
LINFIELD COLLEGE –PORTLAND CAMPUS & ADULT DEGREE PROGRAM

APPLICATION FOR CO-ADMISSION

Enrollment Plans:
I am applying for Co-Admission for 20_____ (year):  □ Fall  □ Winter  □ Spring  □ Summer
I plan to attend Linfield College beginning 20_____:
☐ Fall  ☐ Winter  ☐ Spring  ☐ Summer
Please check the degree program that you are most interested in:
☐ Accounting  ☐ Business Information Systems  ☐ Management  ☐ Marketing
☐ Arts & Humanities  ☐ International Business  ☐ Social and Behavioral Sciences
☐ Health Sciences: Environmental and Public Health  ☐ Health Sciences: Administration
☐ RN to BSN

For Current Linfield Students Only:
☐ I am a Linfield student, Colleague ID #: ________________________________

I plan to take the following courses at:  ☐ PCC  ☐ TBCC  ☐ CGCC during 20_____:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Course Credits</th>
<th>Term</th>
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Contact Information

Name: ________________________________  ________________________________  ________________________________

Nickname: ________________________________  Former name(s), if any: ________________________________

Social Security Number or PCC ID #: ________________________________

(Mandatory disclosure statement at end of this application)

Mailing Address: ________________________________  ________________________________

Number and Street  Apt.

City  State  Zip/Postal Code  Country

Permanent Address: ________________________________  ________________________________

Number and Street  Apt.

City  State  Zip/Postal Code  Country

Phone:  Home ( ) ________________________________ Work ( ) ________________________________

Cell ( ) ________________________________

E-mail: ________________________________

For all co-admitted applicants - Federal law requires that PCC release your name to military recruiters unless you request we do not. Do you want your name withheld? ☐ Yes  ☐ No
Personal Information

Sex: □ Male □ Female
Date of Birth: _______ / _______ / _______  Birthplace: _________________________________
Are you an Oregon Resident? □ Yes □ No
Are you a U.S. Citizen? □ Yes □ No  If not, are you a permanent resident? □ Yes □ No
If not, country of citizenship: _________________________________________________
If not a U.S. citizen, do you hold a Visa? □ Yes □ No
Visa type __________________________ Visa number: ___________________  Date Issued: _____________
What is your first language? ______________________________ Language spoken at home? ____________________
If English is not your first language, have you taken the TOEFL exam? □ Yes □ No
TOEFL Score: ___________________  Test Date: ___________________

Ethnic Identity:
OPTIONAL: Sex and Race/Ethnicity:
Gender: □ Male □ Female
Are you Hispanic/Latino? (HL) □ Yes □ No (Regardless of your answer, please select one or more below)
□ Am Indian/Alaska Native (NV) □ Black or African Am (AB) □ White, Non Hispanic (WH)
□ Asian (AS) □ Native Hawaiian or Other Pacific Islander (HP)
Please Describe Background: _______________________________________________

Family:  Did either of your parents (step parents/guardians) earn a four year degree? □ Yes □ No

Academic Information

High School Name: ___________________________________________ Date of Graduation _________________
List all colleges you have attended, beginning with present or most recently attended. (No exceptions even for students
with a degree.) Attach a separate sheet if necessary.

<table>
<thead>
<tr>
<th>College/University (Please use full institution name)</th>
<th>Dates Attended</th>
<th>Reason For Leaving</th>
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Have you completed a degree or do you anticipate completing a degree prior to enrollment at Linfield?
□ Yes □ No
Institution Name ______________________________________ Degree ________________________________
Date of Completion ________________________________
Current Academic Information

I am currently enrolled in, or will be enrolled in, courses at: ______________________________________ (please write full institution name).

Academic Year: 20____ - 20____

List Course Titles & Numbers of Courses you plan to complete:

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<tr>
<th>Fall Term</th>
<th>Winter Term</th>
<th>Spring Term</th>
<th>Summer Term</th>
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Student Self-Evaluation and Activities

Work or Volunteer Experience – Please list below any jobs or volunteer experiences you have held either full- time or part-time in the past five years. List your current or most recent employment first. Feel free to include a resume.

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<tr>
<th>Position</th>
<th>Company</th>
<th>Hours per Week</th>
<th>Dates of Employment</th>
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Financial Information

Are you applying for financial aid? ☐ Yes ☐ No
If yes, you must file the Free Application for Federal Student Aid (FAFSA) and list both PCC and Linfield College.

Have you filed a FAFSA form? ☐ Yes – Date filed? ___________ ☐ No – Date to be filed? ___________

Are you a dependent of a Linfield employee? ☐ Yes ☐ No

Name of Linfield employee: ____________________________________________________________

Student Signature __________________________ Date ________________

By signing this application, I certify that all the information I have given is complete and true. I acknowledge that confidential and sensitive information relating to testing, placement, and transcripts as well as diagnostics relating to student disabilities, if submitted to Linfield College, Portland Community College, Tillamook Bay Community College and Columbia Gorge Community College will be available to those institutions where the student is enrolled.

Social Security Number Statement: Providing your Social Security Number (SSN) is voluntary. If provided, the college will use your SSN for records, research, and reporting. The college will not use your SSN to make any decisions directly affecting you or any other person. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student.
Application Procedures and Checklist

CO-ADMISSION APPLICATION DEADLINES:  
July 1 for Fall Semester  
December 1 for Spring Semester  
May 1 for Summer Term

SUBMIT THE FOLLOWING MATERIALS BY THE DEADLINE:

☐ A completed and signed application form.  
☐ Official transcripts from all colleges and universities attended.

CO-ADMISSION CRITERIA:

• Students must be in pursuit of an Associate of Arts Oregon Transfer Degree, an Associate of Science Transfer degree, or a degree program that is formally articulated between the institutions. Students who have completed the Associate of Applied Science Degree in nursing and hold a current RN license, are eligible to apply for the RN to BSN program under this agreement. This does not pertain to students applying to the Linfield-Good Samaritan School of Nursing for a first RN license.
• Students must meet current Linfield College admission requirements. Applicants must have completed 45 quarter hours or 30 semester hours of transferable credits from a regionally accredited U.S. institution when applying to Linfield as a full-time student.
• GPA requirement for the Adult Degree Program: minimum 2.0 in recent coursework from regionally accredited colleges. Grades of C- and below will not transfer.
• RN to BSN program requires 2.75 GPA in prerequisites and Linfield Curriculum.
• Each student enrolled in the Program will be required, as a condition of application, to agree that his or her student academic and conduct records will be shared between and available to each institution.

PLEASE SUBMIT A COMPLETE APPLICATION PACKET, INCLUDING FEE, TO:

Portland Community College  
Office of Admission & Registration  
PO Box 19000  
Portland, OR 97280  
503.977.8888

OR

Linfield College – Portland Campus  
Office of Enrollment Services  
2215 NW Northrup  
Portland, OR 97210-2932
Adult Degree Program 503.413.7166  
Health Sciences Major 503.413.8481

Tillamook Bay Community College and Columbia Gorge Community College are included in this agreement