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 b	oeginning 20:	☐ Fall	☐ Winter	☐ Spring	☐ Summer	
Please check the degree program	that you are most intere	ested in:				
☐ Accounting☐ Arts & Humanitie☐ Health Sciences: E☐ RN to BSN	☐ Business Info s ☐ International Environmental and Publ	Business		Social and B	t	nces
For Current Linfield Students On	nly:					
☐ I am a Linfield student, Collea	gue ID #					
I plan to take the following cours	es at: 🗖 PCC 📮 TBC	CC 🗆 CG	CC during 2	0:		
Course Number	Course Title		Cou	rse Credits	Те	rm
Contact Information Name:						
Last Nickname:	First Former name(s), if any			V	Middle	
Social Security Number or PCC I	D #·					
occiai occurry i vamber of 1 00 1	(See Social Security disclos	sure statement ai	end of this applica	tion)		
Mailing Address:	Number and Street					
1	Number and Street				Apt.	
City Permanent Address:	State			Zip/Pa	ostal Code	Country
	Number and Street				Apt.	
City Phone: Home ()	State Work (1 .	ostal Code	Country
E-mail:						
For all co-admitted applicants - F we do not. Do you want your na	ederal law requires that	PCC releas		to military rec	ruiters unless y	ou request

Personal Information					
Sex: Male Female					
Date of Birth://	Birthplace:				
Are you an Oregon Resident? □Yes □ N	O				
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? 🗖 Y	Yes □ No				
Visa typeVisa nu	ımber:]	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: Tes	st Date:				
Ethnic Identity:					
OPTIONAL: Sex and Race/Ethnicity:					
Gender: ☐ Male ☐ Female					
Are you Hispanic/Latino? (HL) ☐ Yes ☐ No ☐ Am Indian/Alaska Native (NV) ☐ Black of ☐ Asian (AS) ☐ Native Hawaiian or Other Pa Please Describe Background: Family: Did either of your parents (step	r African Am (AB) 🖵 White, Non I acific Islander (HP)	Hispanic (WH)			
Academic Information					
High School Name: Date of Graduation					
Tigh School NameDate of Graduation					
List all colleges you have attended, beginning with a degree.) Attach a separate sheet if necessity		ded. (No exceptions even for students			
College/University (Please use full institution name)	Dates Attended	Reason For Leaving			
(1 teast use jun tustimiton nume)					
Have you completed a degree or do you antici	ipate completing a degree prior to e	enrollment at Linfield?			
□Yes □No					
Institution Name	Degree				
Date of Completion	<u></u>				

Current Academic Informatio	n			
I am currently enrolled in, or will	be enrolled in, courses at: _			
Academic Year: 20 20				
List Course Titles & Numbers of	Courses you plan to comple	ete:		
Fall Term	Winter Term	Spring Term	Summer Term	
Student Self-Evaluation a Work or Volunteer Experier part-time in the past five years. I	nce – Please list below any j		s you have held either full- time or free to include a resume.	
		1		
Position	Company	Hours per Week	Dates of Employment	
Financial Information Are you applying for financial aid				
If yes, you must file the Free Application		,	, ,	
Have you filed a FAFSA form? □Yes – Date filed? □ No – Date to be filed?				
Are you a dependent of a Linfield	l employee? □Yes □No			
Name of Linfield employee:				
Student Signature			_Date	
<u> </u>				
Columbia Gorge Community Col	ation relating to testing, place o Linfield College, Portland llege will be available to thos	ement, and transcripts as we Community College, Tillam se institutions where the stud	ell as diagnostics relating to nook Bay Community College and dent is enrolled.	
Social Security Number Statemen will use your SSN for records, res				

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.

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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