



2575 Yorba Linda Boulevard • Fullerton, California 92831

Tel: 714.872.5682 • Fax: 714.992.7809 • E-mail: vca@scco.edu

APPLICATION FOR ADMISSION TO THE VISION CARE ASSISTANT PROGRAM

Please type or print. Write N/A where not applicable. If you need additional space on any question, please use a separate sheet.

I. BASIC INFORMATION

Last Name _____

First Name _____

Middle Name _____

Preferred First Name _____

Other Name Used _____

Mailing Address _____

City _____

State _____

Zip Code _____

Country _____

* Do not use this mailing address after this date _____
MO DY YR

Telephone Number _____

Work Number _____

Message Number _____

E-mail Address _____

Permanent Address _____

City _____

State _____

Zip Code _____

Country _____

Social Security # _____

Application for entry in year 20 _____. Date of application _____
MO DY YR

Are you a citizen of the United States? Yes No

If not a U.S. citizen, are you a permanent resident of the United States? Yes No

If citizen or permanent resident of the U.S., what state is your legal residence? _____

If not a U.S. citizen or permanent resident of the U.S., of what country are you a citizen? _____

II. OPTIONAL INFORMATION

You are not obligated to complete this Section (II. OPTIONAL INFORMATION). The information will be kept confidential. Refusal to provide this information will not subject applicant to adverse treatment.

Sex: Male Female

Date of Birth _____
 MO DY YR

Marital Status: Single Married

Spouse's Name _____

How do you describe yourself – choose only one:

Black/African-American, not of Hispanic origin

White, not of Hispanic origin

Asian-American

Chinese

Indian

Japanese

Korean

Vietnamese

Other

Pacific Islander (Filipino, Samoan, Other)

American Indian or Alaskan Native

Hispanic

Mexican-American/Chicano

Puerto Rican

Cuban

South American

Central American

Other

Non-resident Alien (not a U.S. citizen or permanent resident of the U.S.)

Other (please explain) _____

The above inquiries are for the purpose of assuring equal opportunity for all persons and effectuating the purpose of the Fair Educational Opportunities Act.

III. EDUCATIONAL HISTORY

High School(s) and Colleges (list most recent first, include summer schools):

Name	Dates of Attendance
Name	Dates of Attendance
Name	Dates of Attendance
Name	Dates of Attendance
Name	Dates of Attendance

Degrees anticipated or received:

Major	Degree	College	Date
Major	Degree	College	Date

School Activities (briefly summarize): _____

Honors Received in School (briefly summarize): _____

Work Experience (briefly summarize): _____

Optical Experience (briefly summarize): _____

Were you ever required to leave any college, graduate or professional school because of unsatisfactory academic performance or for disciplinary reasons? Please explain. _____

IV. OTHER INFORMATION

Have you ever been convicted of a criminal or civil offense other than minor traffic violations? Please explain. _____

Military, Public Health Service or Peace Corps Experience. Please explain _____

V. APPLICATION CHECKLIST

It is the applicant's responsibility to submit the following items:

- All High School and/or College Transcripts
- Evidence of Completion of Basic Computer Class
- GED if applicable
- \$45.00 Application Fee

VI. EDUCATIONAL OPPORTUNITY POLICY STATEMENT

The Southern California College of Optometry is pleased to accept qualified students without regard to sex, race, color, religious affiliation, national origin, age or handicap. In the interest of the public welfare, certain physical limitations may prevent the applicant from meeting the legal requirements of the practice of optometry. SCCO is a non-profit, independent institution, dedicated to the highest moral and ethical values. The College feels a particular obligation to the students and profession to create or maintain an atmosphere that encourages self-discipline and conduct becoming a professional. In keeping with this objective, certain policies have been adopted as guidelines. These are explained in the Student Handbook.

Students applying to SCCO should understand that enrollment is granted to those who agree to carry out the aims of this institution with its distinctive value system.

APPLICANT'S CERTIFICATION

It is understood, by all parties, that the applicant who signs this admission form hereby certifies that the information submitted in this application for admission, academic records and health status is true and complete to the best of his or her knowledge. The applicant fully understands that failure to answer all applicable questions or misrepresentation of any statement is sufficient reason for denial of admission or dismissal. The applicant indicates by signature that he or she is aware of the responsibilities of a professional student and agrees that if enrolled at SCCO he or she will assume the obligation of living by the Honor Code of Conduct and the Dress Code of the College. Any failure on the part of the applicant or enrolled student to comply with the rules and regulations of SCCO, as published or amended, will be sufficient reason for dismissal from the College, without recourse except as specified in the rules and procedures.

This application must be accompanied by the \$45.00 application fee which is not refundable and is applicable only toward the year of entry indicated by the applicant on this form.

The applicant has the full responsibility to have the proper transcripts and support data sent to the Admissions Office of the College.

No official statement concerning your admission status will be issued until we receive the filing fee and official transcripts or proof of GED. Transcripts must be sent directly from the institutions to us. Credentials filed in support of this application become the property of the College and are not returnable.

Signature of Applicant

Date