



Valley College Accelerated Program - VCAP

APPLICATION

Complete this application and return it to the VCAP office in Campus Center Building, Room 215, **Fax it to (818) 947-2475**, or mail it to VCAP c/o LA Valley College at the above address. Our office phone numbers are (818) 947-2455 and (818) 947-2530.

Last Name _____ First Name _____

Student ID Number _____ - _____ - _____ today's Date ____ - ____ - _____

Applying for: Fall ____ Spring ____ Summer ____ Winter ____ Year _____

Home Address _____ City _____ State ____ Zip _____

Home Phone () _____ Cell Phone () _____

E-Mail _____ Check here if you would like information emailed to you.

The questions below are for our records only. Thank you for taking the time to answer them.

1. How did you hear about the VCAP (formerly PACE program)? _____

2. Have you met with a Counselor to put together an Education Plan? Yes ____ No ____

3. Are you currently employed? Yes ____ No ____ How many hours per week do you work? _____

4. Have you completed any VCAP classes in the past? Yes ____ If so, how many ____ No ____

5. How many classes/units do you plan to complete in our Program? _____

6. What is your major? _____ Check here if undecided _____

7. Do you plan on transferring to a college or university? Yes ____ If so, which one? _____

8. Do you plan on getting an AA/AS degree from Valley College? Yes ____ No ____

9. Is VCAP being used as your primary educational program ____ or to supplement regular classes ____?

Student Signature _____