

SECTION 1 (TO BE COMPLETED BY ALL STUDENTS)

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|--|--|---|--|--|--|--|--|--|---|--------------------------------|------------------------------------|--|--|--|--|
| SOCIAL SECURITY NUMBER | | *YOUR SOCIAL SECURITY NUMBER IS CONFIDENTIAL AND UNDER A FEDERAL LAW CALLED THE FAMILY EDUCATIONAL RIGHT & PRIVACY ACT, THE COLLEGE WILL PROTECT IT FROM UNAUTHORIZED AND/OR DISCLOSURE IN COMPLIANCE WITH STATE/FEDERAL REQUIREMENTS, DISCLOSURE MAY BE AUTHORIZED FOR THE PURPOSES OF STATE AND FEDERAL FINANCIAL AND HOPE/LIFETIME LEARNING TAX CREDITS, ACADEMIC TRANSCRIPTS, ASSESSMENT OR ACCOUNTABILITY RESEARCH* (SENATE BILL 5509) | | | | STUDENT IDENTIFICATION NUMBER | | THIS NUMBER WILL BE ASSIGNED TO YOU FOR ALL FUTURE TRANSACTIONS. YOU WILL USE THIS NUMBER TO ACCESS GRADES, VIEW YOUR SCHEDULES, TO REGISTER, TO PAY TUITION, AND FOR OTHER ADMINISTRATIVE SERVICES. | | | | | | | |
| North Seattle Institute <input type="checkbox"/> Seattle Central <input type="checkbox"/> South Seattle <input type="checkbox"/> Vocational Institute <input type="checkbox"/> | | LAST NAME (PRINT) (SPACE) | | | | FIRST NAME (SPACE) | | MI | ARE YOU A NEW STUDENT AT THE COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | BIRTH DATE MONTH DAY YEAR | | | | |
| SUM FALL WTR SPR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20__ | | DAY PHONE NO: | | EVENING PHONE NO: | | NEW ADDRESS SINCE LAST REGISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO | | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | YOUR INTENDED PROGRAM OF STUDY | | E-MAIL ADDRESS | | | |
| STREET ADDRESS | | | | APT. NO. | | CITY | | STATE | | ZIP CODE | | VETERAN'S STATUS (CHECK ONE) <input type="checkbox"/> 1. S.E. ASIA RECEIVING BENEFITS <input type="checkbox"/> 2. RECEIVING BENEFITS, NOT S.E. ASIAN <input type="checkbox"/> 3. S.E. ASIA NOT RECEIVING BENEFITS <input type="checkbox"/> 4. VETERAN NOT RECEIVING ANY VA BENEFITS <input type="checkbox"/> 5. SPOUSE/CHILD RECEIVING BENEFITS | | | |
| ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE SPECIFY COUNTRY OF CITIZENSHIP: _____ | | | | IF YOU ARE NOT A U.S. CITIZEN, WHAT IS YOUR IMMIGRATION STATUS? <input type="checkbox"/> STUDENT VISA (F or M) <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> OTHER <input type="checkbox"/> VISITOR VISA <input type="checkbox"/> REFUGEE | | | | NOTE: PLEASE ATTACH COPY OF THE FRONT AND BACK OF YOUR GREEN CARD, OR IMMIGRATION FORM I-94, OR I-688, A or B | | | | ARE YOU A U.S. MILITARY VETERAN? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE ACTIVE DUTY BEGAN _____ SEPARATION DATE _____ | | | |
| HOW LONG HAVE YOU LIVED CONTINUOUSLY IN WASHINGTON STATE? YRS. ____ MOS. ____ | | | | WERE YOU FINANCIALLY INDEPENDENT FROM YOUR PARENT OR LEGAL GUARDIAN FOR THE PREVIOUS CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | IF NO, HOW LONG HAS YOUR PARENT OR LEGAL GUARDIAN RESIDED IN WASHINGTON STATE? YRS. ____ MOS. ____ | | | | ARE YOU ACTIVE DUTY MILITARY, SPOUSE, OR DEPENDENT CHILD OF SAME? <input type="checkbox"/> YES <input type="checkbox"/> NO | | ARE YOU A CHILD OF A DECEASED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| WHAT IS YOUR MAIN LONG TERM GOAL FOR ATTENDING SEATTLE CENTRAL COMMUNITY COLLEGE? | | | | <input type="checkbox"/> 11 TAKING COURSES RELATED TO CURRENT OR FUTURE WORK <input type="checkbox"/> 12 TRANSFER TO A 4-YEAR COLLEGE | | | | <input type="checkbox"/> 13 HIGH SCHOOL OR GED <input type="checkbox"/> 14 EXPLORE CAREER DIRECTION | | | | <input type="checkbox"/> 15 PERSONAL ENRICHMENT <input type="checkbox"/> 90 OTHER _____ | | | |

SECTION 2 (TO BE COMPLETED BY ALL STUDENTS)

FOR OVERLOAD ONLY

| AUDIT | ITEM NUMBER | COURSE ABBREV. & COURSE NUMBER | SECTION NUMBER | V/C | CREDITS OR CLOCK HOURS | BUILDING & ROOM NUMBER | DAYS | | | | | HOURS | DEPARTMENT SIGNATURE (REQUIRED) | EXPIRATION DATE (REQUIRED) |
|---------------|----------------|--------------------------------|----------------|----------|------------------------|------------------------|------|---|------------|----|---|-------|---------------------------------|---|
| | | | | | | | M | T | W | TH | F | S | | |
| SAMPLE | 0 0 0 0 | ENG 101 | CE | X | 5 | OC 000 | | | TBA | | | | ARR | <i>PLEASE INFORM STUDENTS TO PROCESS THIS IMMEDIATELY</i> |
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I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON RCW 9A.72.085 THAT TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ON THIS FORM ARE TRUE AND CORRECT.

ADVISOR SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____

| | | | |
|---------------|-------|--|------|
| AUTHORIZATION | AR ID | | FAPC |
| | | | |

STUDENTS WHO SELF-ADVISE ACCEPT THE RESPONSIBILITY FOR COMPLETING ALL COURSE REQUIREMENTS IN THEIR PROGRAM OF STUDY.

ENROLLMENT APPLICATION

SEATTLE COMMUNITY COLLEGE DISTRICT VI

| | | | | | | | | | | | | | |
|-----------------|--|----------|------------|--------|---------|----------------|---------|------|---------|------------|------------|-------------------|----------|
| OFFICE USE ONLY | | RESIDENT | FEE PAYING | INTENT | PROGRAM | ADDRESS CHANGE | PURPOSE | TYPE | VETERAN | BIOGRAPHIC | SECTIONING | AMOUNT CHARGED \$ | EXP DATE |
|-----------------|--|----------|------------|--------|---------|----------------|---------|------|---------|------------|------------|-------------------|----------|

BE SURE TO COMPLETE INFORMATION ON FOLLOWING PAGES

SECTION 3 (TO BE COMPLETED BY ALL STUDENTS)

DO YOU HAVE A PHYSICAL, SENSORY OR MENTAL IMPAIRMENT WHICH SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES, SUCH AS DEAF/HARD OF HEARING/ DEAFBLIND, MOBILITY, SPEECH/LANGUAGE, LEARNING DISABILITY, BLIND/VISUAL, CHRONIC/ ACUTE HEALTH, NEUROLOGICAL/NERVOUS SYSTEM, OR PSYCHOLOGICAL/EMOTIONAL.

- YES
 NO

PERSONS WITH DISABILITIES MAY BE ELIGIBLE FOR SUPPORT SERVICES AND SHOULD CONTACT DISABILITY SUPPORT SERVICES FOR MORE INFORMATION. CALL CENTER FOR DEAF STUDENTS AND DISABILITY SUPPORT SERVICES: 206-587-4183 V/TTY, (PLEASE CALL THIS NUMBER IF YOU NEED INTERPRETING SERVICES AS SOON AS POSSIBLE).

| | | | | |
|--|------|-------|------|---|
| EDUCATIONAL BACKGROUND LAST HIGH SCHOOL ATTENDED | CITY | STATE | YEAR | GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| LAST COLLEGE ATTENDED | CITY | STATE | YEAR | GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO |

THE INFORMATION GATHERED BY THE FOLLOWING QUESTIONS PROVIDES MINORITY INCENTIVE FUNDS TO OUR CAMPUS WHICH ARE USED TO SUPPORT DIVERSITY SERVICES ON CAMPUS.

WHICH ETHNICITY/RACE DO YOU CONSIDER YOURSELF TO BE?
 AFRICAN AMERICAN (870) ALEUT (941) ESKIMO (935) NATIVE AMERICAN (597) WHITE (800)
 PRINT THE NAME OF THE ENROLLED OR PRINCIPAL TRIBE _____

ASIAN OR PACIFIC ISLANDER (API)
 ASIAN INDIAN (600) CAMBODIAN (604) CHINESE (605) FILIPINO (608) HAWAIIAN (653)
 JAPANESE (611) KOREAN (612) LAOTIAN (613) SAMOAN (655) VIETNAMESE (619)

OTHER API (PLEASE PRINT) _____ OTHER RACE (PLEASE PRINT) _____

ARE YOU OR ARE YOU NOT OF SPANISH/HISPANIC ORIGIN?
 NO (NOT SPANISH/HISPANIC) (999) YES, CUBAN (709) YES, MEXICAN, MEXICAN-AM., CHICANO (722) YES, PUERTO RICAN (727)
 YES, OTHER SPANISH/HISPANIC (PLEASE PRINT) _____

HOW LONG DO YOU PLAN TO ATTEND THIS COLLEGE? (Select one)
 11 ONE QUARTER 12 TWO QUARTERS 13 ONE YEAR 14 UP TO TWO YEARS, NO DEGREE PLANNED 15 LONG ENOUGH TO COMPLETE A DEGREE 16 DON'T KNOW 90 OTHER (Indicate) _____

WHAT IS YOUR WORK STATUS WHILE ATTENDING COLLEGE? (Select one)
 11 FULL-TIME HOMEMAKER 12 FULL-TIME EMPLOYMENT (Including self-employed and military.) 13 PART-TIME OFF-CAMPUS 14 PART-TIME ON-CAMPUS 15 NOT EMPLOYED BUT SEEKING EMPLOYMENT 16 NOT EMPLOYED, NOT SEEKING EMPLOYMENT 90 OTHER (Indicate) _____

WHAT IS YOUR PRIOR LEVEL OF EDUCATION AT ENTRY TO THIS COLLEGE? (Select one)
 11 LESS THAN HIGH SCHOOL GRADUATE 12 G.E.D. 13 HIGH SCHOOL GRADUATE 14 SOME POST HIGH SCHOOL BUT NO DEGREE OR CERTIFICATE 15 CERTIFICATE (Less than two years) 16 ASSOCIATE DEGREE 17 BACHELOR'S DEGREE OR ABOVE 90 OTHER (Indicate) _____

WHAT WAS YOUR FAMILY STATUS WHEN YOU STARTED AT THE COMMUNITY COLLEGE? WERE YOU... (Select one)
 11 A SINGLE PARENT WITH CHILDREN OR OTHER DEPENDENTS IN YOUR CARE 12 A COUPLE WITH CHILDREN OR OTHER DEPENDENTS IN YOUR CARE 13 WITHOUT CHILDREN OR OTHER DEPENDENTS IN YOUR CARE 90 OTHER (Indicate) _____

IS ENGLISH YOUR SECOND LANGUAGE?
 11 YES
 12 NO

SECTION 4 (PAYMENT INFORMATION)

CREDIT CARD INFORMATION

Credit Card Number

- VISA
- MasterCard - - -
- Discover
- American Express

Card Holder Name _____ Amount Charged \$ _____

Expiration Date: _____ / _____ Signature: _____
Month Year

PLEASE BE SURE TO ENCLOSE PAYMENT OR FILL IN CREDIT CARD INFORMATION. MAKE CHECKS PAYABLE TO SEATTLE CENTRAL COMMUNITY COLLEGE.

**MAIL TO: Cooperative Education and Career Placement
Seattle Central Community College
1701 Broadway, BE1140
Seattle, WA 98122**

FAX TO: (206) 287-5529

