

SECTION 1 (TO BE COMPLETED BY ALL STUDENTS)

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 USE AND/OR DISCLOSURE. IN COMPLIANCE WITH STATE/FEDERAL REQUIREMENTS, DISCLOSURE MAY BE AUTHORIZED FOR THE PURPOSES OF STATE AND FEDERAL FINANCIAL AID, 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		SEATTLE CENTRAL		SOUTH SEATTLE		SEATTLE VOCATIONAL INSTITUTE		LAST NAME (PRINT) (SPACE)				FIRST NAME (SPACE)				M.I.		ARE YOU A NEW STUDENT AT THIS COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		BIRTH DATE MONTH DAY YEAR							
SUM		FALL		WTR		SPR		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		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 V.A. 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 _____				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							
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. _____				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	VIC	CREDITS OR CLOCK HOURS	BUILDING & ROOM NUMBER	DAYS							HOURS	INSTRUCTOR SIGNATURE (REQUIRED)	EXPIRATION DATE REQUIRED
	M	T	W	TH						F	S								
<i>SAMPLE</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>ENG 101</i>	<i>.01</i>		<i>5</i>	<i>CC2449</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>		<i>8:00-9:00</i>	AM	INSTRUCTOR USE ONLY	
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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 _____

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

REFUND POLICY
PLEASE SEE THE QUARTERLY CLASS SCHEDULE FOR COMPLETE INFORMATION.

AUTHORIZATION	AR ID	FAPC
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ENROLLMENT APPLICATION

OFFICE USE ONLY		RESIDENT	FEE PAYING	INTENT	PROGRAM	ADDRESS CHANGE	PURPOSE	TYPE	VETERAN	BIOGRAPHIC	SECTIONING	AMOUNT CHARGED \$	EXP. DATE
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SECTION 3 (TO BE COMPLETED BY NEW AND FORMER 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 QUESTION 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 HOME MAKER 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