

SECTION 1: TO BE COMPLETED BY ALL STUDENTS (COMPLETION DOES NOT AFFECT STUDENT CONSIDERATION FOR ADMISSION)

SOCIAL SECURITY NUMBER _____

STUDENT I.D. # _____

PLEASE SEE BACK FOR SOCIAL SECURITY NUMBER REQUIREMENT INFORMATION.

LAST NAME (PRINT) _____

FIRST NAME _____

M.I. _____

NEW ADDRESS SINCE LAST REGISTRATION? YES NO

BIRTH DATE MONTH _____ DAY _____ YEAR _____

DAY PHONE NO.: _____

EVENING PHONE NO.: _____

E-MAIL ADDRESS: _____

STREET ADDRESS _____

APT. NO. _____

CITY _____

STATE _____

ZIP _____

ARE YOU A U.S. CITIZEN? YES NO

IF YOU ARE NOT A U.S. CITIZEN, WHAT IS YOUR IMMIGRATION STATUS?

IF NO, PLEASE SPECIFY COUNTRY OF CITIZENSHIP: _____

STUDENT VISA (F OR M) VISITOR VISA OTHER OF YOUR GREEN CARD, OR IMMIGRATION FORM I-94, _____

PERMANENT RESIDENT REFUGEE

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? YES NO

IF NO, HOW LONG HAS YOUR PARENT OR LEGAL GUARDIAN RESIDED IN WASH. STATE? YRS. _____ MOS. _____

WHAT IS YOUR MAIN LONG TERM GOAL FOR ATTENDING THIS COLLEGE?

11 TAKING COURSES RELATED TO CURRENT OR FUTURE WORK

14 EXPLORE CAREER DIRECTION

12 TRANSFER TO A 4-YEAR COLLEGE

15 PERSONAL ENRICHMENT

13 HIGH SCHOOL OR GED

96 OTHER _____

YOUR INTENDED PROGRAM OF STUDY _____

ARE YOU A NEW STUDENT AT THIS COLLEGE? YES NO

SEX MALE FEMALE

VETERAN'S STATUS

VETERANS AND/OR THEIR DEPENDENTS MAY QUALIFY FOR EDUCATIONAL BENEFITS. PLEASE CHECK WITH OUR VETERAN COORDINATOR.

ARE YOU A U.S. MILITARY VETERAN? YES NO

DATE ACTIVE DUTY BEGAN _____

SEPARATION DATE _____

ARE YOU ACTIVE DUTY MILITARY OR SPOUSE/DEPENDENT OF SAME STATIONED IN WA? YES NO

ARE YOU WA NATIONAL GUARD OR SPOUSE/DEPENDENT OF SAME LIVING IN WA? YES NO

SECTION 2: TO BE COMPLETED BY ALL STUDENTS

FOR OVERLOAD OR PERMISSION

CHECK ALL THAT APPLY

REGISTER/ADD

DROP

AUDIT

ITEM NUMBER _____

SECTION NUMBER _____

COURSE ABBREV. _____

COURSE NUMBER _____

CREDITS _____

WAIVER _____

EXPIRATION DATE REQUIRED _____

REGISTER/ADD	DROP	AUDIT	0	0	0	0	01	Eng	101	5	<input checked="" type="checkbox"/>							

INSTRUCTOR SIGNATURE AUTHORIZES ENROLLMENT INTO THE CLASS REGARDLESS OF WAITLIST STATUS OR CLASS CAPACITY. REGISTRATION DATE MUST NOT EXCEED EXPIRATION DATE.

INSTRUCTOR USE ONLY

OFFICE USE ONLY

RESIDENT **FEE PAYING** **INTENT** _____

PROGRAM _____

TYPE _____

BIOGRAPHIC _____

STAFF INTL. _____

DATE _____

Certification: I hereby certify that to the best of my knowledge, all statements on this form are true and correct. I understand unpaid debts may be referred to collections and assessed an additional contingent fee of up to 50 percent of the amount owing.

STUDENT SIGNATURE _____

ADVISOR PRINT NAME _____

ADVISOR SIGNATURE _____

DATE _____

DATE _____

SECTION 3 (TO BE COMPLETED BY NEW STUDENTS)

DO YOU HAVE A PHYSICAL, SENSORY OR MENTAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE OF YOUR MAJOR LIFE FUNCTIONS, SUCH AS SEEING, HEARING, SPEAKING, WALKING, BREATHING, WORKING WITH YOUR HANDS, LEARNING, CARING FOR YOURSELF OR WORKING? YES NO IF YOU NEED ACCOMMODATIONS, PLEASE ASK A REGISTRATION STAFF MEMBER FOR MORE INFORMATION.

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 COLLEGE APPRECIATES YOUR RESPONSE TO THE FOLLOWING QUESTIONS. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

WHAT IS YOUR SEXUAL ORIENTATION? BISEXUAL STRAIGHT/HETEROSEXUAL FEMININE TRANSGENDER GAY OTHER MASCULINE OTHER LESBIAN PREFER NOT TO ANSWER ANDROGYNOUS PREFER NOT TO ANSWER QUEER GENDER NEUTRAL

PLEASE CHECK UP TO TWO BOXES TO INDICATE WHAT RACE YOU CONSIDER YOURSELF TO BE: (Providing this information is optional.)

AFRICAN AMERICAN (872) JAPANESE (611) OTHER ASIAN (621)
 ALASKA NATIVE (015) KOREAN (612) INDICATE OTHER: _____
 AMERICAN INDIAN (597) NATIVE HAWAIIAN (653) OTHER PACIFIC ISLANDER (681)
 CHINESE (605) VIETNAMESE (619) OTHER RACE (799)
 FILIPINO (608) WHITE (800) INDICATE OTHER: _____

HOW LONG DO YOU PLAN TO ATTEND THIS COLLEGE? (Select one)

11 ONE QUARTER 13 ONE YEAR 15 LONG ENOUGH TO COMPLETE A DEGREE 90 OTHER (Indicate): _____
 12 TWO QUARTERS 14 UP TO TWO YEARS, NO DEGREE PLANNED 16 DON'T KNOW

WHAT IS YOUR WORK STATUS WHILE ATTENDING COLLEGE? (Select one)

11 FULL-TIME HOMEMAKER 13 PART-TIME OFF-CAMPUS 16 NOT EMPLOYED, SEEKING EMPLOYMENT
 12 FULL-TIME EMPLOYMENT (including self-employed and military) 14 PART-TIME ON-CAMPUS 17 BACHELOR'S DEGREE OR ABOVE
 15 NOT EMPLOYED, SEEKING EMPLOYMENT 90 OTHER (Indicate): _____ 90 OTHER (Indicate): _____

WHAT IS YOUR PRIOR LEVEL OF EDUCATION AT TIME OF ENTRY TO THIS COLLEGE? (Select one)

11 LESS THAN HIGH SCHOOL GRADUATE 14 SOME POST HIGH SCHOOL BUT NO DEGREE OR CERTIFICATE 17 BACHELOR'S DEGREE OR ABOVE
 12 G.E.D. 15 CERTIFICATE (Less than two years) 90 OTHER (Indicate): _____
 13 HIGH SCHOOL GRADUATE 16 ASSOCIATE DEGREE

WHAT WAS YOUR FAMILY STATUS WHEN YOU STARTED AT THE COLLEGE? WERE YOU... (Select one)

11 A SINGLE PARENT WITH CHILDREN OR OTHER DEPENDENTS IN YOUR CARE 13 WITHOUT CHILDREN OR OTHER DEPENDENTS IN YOUR CARE
 12 A COUPLE WITH CHILDREN OR OTHER DEPENDENTS IN YOUR CARE 90 OTHER (Indicate): _____

ARE YOU OF SPANISH/HISPANIC/LATINO ETHNICITY? YES NO IF YES, PLEASE INDICATE: _____

PLEASE CHECK THIS BOX IF YOU HAVE BEEN IN WASHINGTON STATE FOSTER CARE FOR AT LEAST ONE YEAR SINCE YOUR 16th BIRTHDAY: YES NO

HOW DID YOU HEAR ABOUT OUR COLLEGE? (For new students only. Check all that apply.)

COLLEGE WEBSITE ONLINE AD
 FRIENDS/FAMILY BILLBOARD/
 RADIO/STREAMING BUS AD
 PRINT MAILER SOCIAL MEDIA
 MOVIE AD OTHER

THE SEATTLE COLLEGE DISTRICT VI IS COMMITTED TO THE CONCEPT AND PRACTICE OF EQUAL OPPORTUNITY FOR ALL ITS STUDENTS, EMPLOYEES, AND APPLICANTS IN EDUCATION, EMPLOYMENT, SERVICES AND CONTRACTS, AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE OR ETHNICITY, COLOR, AGE, NATIONAL ORIGIN, RELIGION, MARITAL STATUS, SEX, GENDER, SEXUAL ORIENTATION, GENDER IDENTITY, VETERAN OR DISABLED VETERAN STATUS.

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT PROVIDES STUDENTS THE OPPORTUNITY TO VIEW THEIR EDUCATIONAL RECORDS UPON REQUEST. IN ADDITION, NO STUDENT INFORMATION WILL BE RELEASED WITHOUT PRIOR WRITTEN CONSENT OF THE STUDENT CONCERNED. THIS DOES NOT INCLUDE DIRECTORY INFORMATION RELATING TO THE ACT OF ENROLLMENT IN TO COLLEGE.