

SEATTLE COLLEGE DISTRICT VI

ADMISSIONS AND ENROLLMENT FORM

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

SOCIAL SECURITY NUMBER				* PLEASE SEE BACK FOR SOCIAL SECURITY NUMBER REQUIREMENT INFORMATION.				STUDENT I.D. #				THIS NUMBER WILL BE ASSIGNED TO YOU FOR ALL FUTURE TRANSACTIONS. YOU WILL USE THIS NUMBER TO ACCESS GRADES, VIEW YOUR SCHEDULES, REGISTER, PAY TUITION, AND FOR OTHER ADMINISTRATIVE SERVICES.							
<input type="checkbox"/> NORTH SEATTLE		<input checked="" type="checkbox"/> SEATTLE CENTRAL		<input type="checkbox"/> SOUTH SEATTLE		<input type="checkbox"/> SEATTLE VOC. INSTITUTE		LAST NAME (PRINT)				FIRST NAME							
								M.I.				NEW ADDRESS SINCE LAST REGISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		BIRTH DATE MONTH DAY YEAR					
<input type="checkbox"/> SUM		<input type="checkbox"/> FALL		<input type="checkbox"/> WTR		<input type="checkbox"/> SPR		DAY PHONE NO.:				EVENING PHONE NO.:							
								20 23				E-MAIL ADDRESS:							
STREET ADDRESS						APT. NO.		CITY		STATE		ZIP		YOUR INTENDED PROGRAM OF STUDY		ARE YOU A NEW STUDENT AT THIS COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YOU ARE NOT A U.S. CITIZEN, WHAT IS YOUR IMMIGRATION STATUS?				VETERAN'S STATUS				VETERANS AND/OR THEIR DEPENDENTS MAY QUALIFY FOR EDUCATIONAL BENEFITS. PLEASE CHECK WITH OUR VETERAN COORDINATOR.							
IF NO, PLEASE SPECIFY COUNTRY OF CITIZENSHIP: _____				<input type="checkbox"/> STUDENT VISA (F OR M) <input type="checkbox"/> VISITOR VISA <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> REFUGEE <input type="checkbox"/> OTHER OF YOUR GREEN CARD, OR IMMIGRATION FORM I-94.				PLEASE ATTACH COPY OF THE FRONT AND BACK OF YOUR GREEN CARD, OR IMMIGRATION FORM I-94.				ARE YOU A U.S. MILITARY 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 WASH. STATE? YRS. _____ MOS. _____				DATE ACTIVE DUTY BEGAN _____ SEPARATION DATE _____							
WHAT IS YOUR MAIN LONG TERM GOAL FOR ATTENDING THIS 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 _____				ARE YOU ACTIVE DUTY MILITARY OR SPOUSE/DEPENDENT OF SAME STATIONED IN WA? <input type="checkbox"/> YES <input type="checkbox"/> NO							
												ARE YOU WA NATIONAL GUARD OR SPOUSE/DEPENDENT OF SAME LIVING IN WA? <input type="checkbox"/> YES <input type="checkbox"/> NO							

SECTION 2: TO BE COMPLETED BY ALL STUDENTS

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✓ CHECK ALL THAT APPLY			ITEM NUMBER				SECTION NUMBER	COURSE ABBREV.	COURSE NUMBER	CREDITS	WAIVER	INSTRUCTOR SIGNATURE AUTHORIZES ENROLLMENT INTO THE CLASS REGARDLESS OF WAITLIST STATUS OR CLASS CAPACITY. REGISTRATION DATE MUST NOT EXCEED EXPIRATION DATE.		EXPIRATION DATE REQUIRED
REGISTER/ADD	DROP	AUDIT	0	0	0	0	.01	Eng	101	5	✓			
✓							.art	ASL&	121	5				
INSTRUCTOR USE ONLY														

OFFICE USE ONLY ▶	RESIDENT	FEE PAYING	INTENT	PROGRAM	TYPE	BIOGRAPHIC	STAFF INTL.	DATE
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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 _____	DATE _____	ADVISOR PRINT NAME	Semhar Tekeste	ADVISOR SIGNATURE	Semhar Tekeste	DATE	04/24/2023
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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? **(OPTIONAL)** 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
 GAY OTHER
 LESBIAN PREFER NOT TO ANSWER
 QUEER

WHAT IS YOUR GENDER IDENTITY?

FEMININE TRANSGENDER
 MASCULINE OTHER
 ANDROGYNOUS PREFER NOT TO ANSWER
 GENDER NEUTRAL

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

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

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

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

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

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

<input type="checkbox"/> 11 FULL-TIME HOMEMAKER	<input type="checkbox"/> 13 PART-TIME OFF-CAMPUS	<input type="checkbox"/> 16 NOT EMPLOYED, NOT SEEKING EMPLOYMENT
<input type="checkbox"/> 12 FULL-TIME EMPLOYMENT (Including self-employed and military)	<input type="checkbox"/> 14 PART-TIME ON-CAMPUS	<input type="checkbox"/> 90 OTHER (Indicate): _____
	<input type="checkbox"/> 15 NOT EMPLOYED, SEEKING EMPLOYMENT	

PLEASE CHECK THIS BOX IF YOU HAVE BEEN IN WASHINGTON STATE FOSTER CARE FOR AT LEAST ONE YEAR SINCE YOUR 16th BIRTHDAY.

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

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

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

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

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

<input type="checkbox"/> 11 A SINGLE PARENT WITH CHILDREN OR OTHER DEPENDENTS IN YOUR CARE	<input type="checkbox"/> 13 WITHOUT CHILDREN OR OTHER DEPENDENTS IN YOUR CARE
<input type="checkbox"/> 12 A COUPLE WITH CHILDREN OR OTHER DEPENDENTS IN YOUR CARE	<input type="checkbox"/> 90 OTHER (Indicate) _____

*To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Number (ITIN). This information is used to administer state/federal financial aid, to verify enrollment, degree and academic transcript records and to conduct institutional research. We also use your SSN or ITIN to report payments made by you that may qualify for a tax credit or a tax deduction on your income tax return. We are required to ask for your SSN/ITIN. If you do not submit it, you will still be able to enroll at the college; however, you may be subject to an IRS penalty of \$50 (Internal Revenue Service Treasury Regulation 1.6050S-1(e)(4)). In keeping with state and federal law, the college will protect your SSN/ITIN from unauthorized use and disclosure pursuant to RCW 28B.10.042 and Federal law (Family Education Rights and Privacy Act).

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.