

REGISTRATION FORM

FOR QUARTER/YEAR
SUM FALL WTR SPR

2010

STUDENT ENROLLMENT STATUS

- First Time Ever Enrolled At EdCC
 Former Student At EdCC
 Presently Enrolled At EdCC
 Former Student At EdCC Prior To 1976

What is your main long term goal for attending Edmonds Community College?

- Take courses related to current or future work
 Transfer to a four-year college
 High school diploma or GED
 Explore career direction
 Personal enrichment

Write your answer here:

Please check this box if you have been in Washington state foster care for at least one year since your 16th birthday

OFFICE USE ONLY	ENROLLMENT DATE	RES	FEERAY	INT	PGM	PURP	TYPE	PROCESSED BY	CREDITS BEFORE	CREDITS AFTER

CLEARLY PRINT CLASS SCHEDULE - If you do NOT wish to receive a grade or credit for a course, print "audit" in the audit column.

ITEM NUMBER (4-DIGITS)	DEPARTMENT ABBREVIATION	COURSE NO. (3-DIGITS)	SEC. LTR.	CREDITS	Print "Audit" For No Grade	OFFICE USE ONLY	DAYS	TIME	INSTRUCTOR'S SIGNATURE AND COMMENTS
ADD	7054 MGMT	155 AR 2							NBW

INSTRUCTIONS

- Shaded areas are reserved for office or instructor use. • Complete all blanks and questions prior to registration.
- The Enrollment Services office will retain this document but will provide you with a printout of your classes and charges.
- Take the printout to the cashiers office to make payment or pay online with Visa, MasterCard, or Discover at http://tuition.edcc.edu/_payment.php
- New students or returning students who have not attended in the last four quarters are required to complete the information on the back of this form. Many of the questions being asked will be used by the college and the state board to determine if your educational needs are being met. We appreciate your cooperation in providing this information.

NOTICE: IMPORTANT DATES RELATING TO REFUNDS, LAST DAY TO REGISTER OR DROP, TRANSCRIPT ENTRIES, CHANGING FROM CREDIT TO AUDIT OR AUDIT TO CREDIT ARE PUBLISHED IN THE QUARTERLY SCHEDULE OF CLASSES. IT IS YOUR RESPONSIBILITY TO MAKE YOURSELF AWARE OF THESE DATES. THEY WILL BE FOLLOWED.

OVER

ADVISOR'S SIGNATURE (if required)

DATE

STUDENT SIGNATURE

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON RCW 9A.72.065 THAT TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ON THIS FORM ARE TRUE AND CORRECT.

INSTRUCTIONS: This page is to be completed by new students or returning students who have not attended in the last four quarters.

<p>BIRTHDATE MO. DAY YEAR</p>	<p>SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p>	<p>Were you claimed for federal tax purposes by your mother, father or legal guardian in the current calendar year? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Were you claimed for federal tax purposes by your mother, father or legal guardian in the calendar year? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>IF YOU ARE NOT A U.S. CITIZEN, WHAT IS YOUR IMMIGRATION STATUS? (Mark one box only)</p>
<p>If YES, how long has your mother, father or legal guardian lived continuously in the state of WA? _____ YEARS _____ MONTHS</p>		<p>Last High School attended _____</p>		<p><input type="checkbox"/> Immigrant/Permanent resident (IM) <input type="checkbox"/> Refugee/Parolee/Conditional Entrant (RF) <input type="checkbox"/> Visa holder, My visa type is: _____ If your visa type is B, F, J, M, or TN you must have an ISS student type. If your visa type is A, E, G, H, I, K, L, or R the Enrollment Services Office will assist you. <input type="checkbox"/> Other (please explain): _____</p>	
<p>*A student cannot qualify as a legal resident of Washington for tuition calculation purposes if s/he possesses a valid out-of-state driver's license, vehicle registration, or other documents that give evidence of being a legal resident in another state.</p>		<p>Last college, vocational, university attended _____</p>		<p>City and State _____</p>	
<p>How long have you lived continuously in Washington State? _____ YEARS _____ MONTHS</p>		<p>Are you active duty military? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are you the spouse or dependent of an active duty military person? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, when was the active duty military person first stationed in Washington? MONTH _____ DAY _____ YEAR _____ A copy of the orders is needed at the time of registration.</p>		<p>City and State _____</p>	
<p>Will you be attending this college with financial assistance from a non-federal agency which is outside of Washington State? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach explanation.</p>		<p>Do you have a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, walking, learning, working, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>Years Attended <input type="checkbox"/> YES <input type="checkbox"/> NO _____ to _____</p> <p>Years Attended <input type="checkbox"/> YES <input type="checkbox"/> NO _____ to _____</p>	
<p>Which race(s) do you consider yourself to be? (Optional) (Mark up to two boxes)</p>		<p>How long do you plan to attend Edmonds Community College? 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 Write the number of your answer here</p>		<p>What is your current work status while attending college? 11 Full-time homemaker 12 Full-time employment (including self-employment and military) 13 Part-time off-campus 14 Part-time on campus 15 Not employed, but seeking employment 16 Not employed, not seeking employment Write the number of your answer here</p>	
<p><input type="checkbox"/> Alaska Native (015) <input type="checkbox"/> American Indian (597) Name of enrolled or principal tribe _____ <input type="checkbox"/> Arab (801) <input type="checkbox"/> Arab (801) Asian Indian (600) <input type="checkbox"/> Black or African American (872) <input type="checkbox"/> Cambodian (604) <input type="checkbox"/> Chinese (605) <input type="checkbox"/> Eskimo (935) <input type="checkbox"/> Fijian (676) <input type="checkbox"/> Filipino (608) <input type="checkbox"/> Indonesian (610) <input type="checkbox"/> Japanese (611) <input type="checkbox"/> Kampuchean (604) <input type="checkbox"/> Korean (612) <input type="checkbox"/> Lao (613) <input type="checkbox"/> Nepali (635) <input type="checkbox"/> Native Hawaiian (653) <input type="checkbox"/> Other Asian (621) <input type="checkbox"/> Other Pacific Islander (681) <input type="checkbox"/> Pakistani (616) <input type="checkbox"/> Samoan (655) <input type="checkbox"/> Taiwanese (606) <input type="checkbox"/> Thai (618) <input type="checkbox"/> Tlingit (017) <input type="checkbox"/> Vietnamese (619) <input type="checkbox"/> White (800)</p>		<p>What is your prior level of education at entry to Edmonds Community College? 11 Less than high school graduation 12 High school graduate 13 Some post high school, but no degree or certificate 14 Certificate (less than two years) 15 Associate degree 16 Bachelor's degree or above Write the number of your answer here</p>		<p>What was your family status when you started at Edmonds Community College? Were you... (select only one best response) 11 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 Write the number of your answer here</p>	
<p>Are you of Spanish/Hispanic origin? (Optional) (Please mark only one box)</p>		<p><input type="checkbox"/> No, (not Spanish/Hispanic) (999) <input type="checkbox"/> Yes, Andalusian/Iberian (800) <input type="checkbox"/> Yes, Argentinian (700) <input type="checkbox"/> Yes, Colombian (707) <input type="checkbox"/> Yes, Cuban (709) <input type="checkbox"/> Yes, other Spanish/Hispanic (For example: Brazilian, Chilean, Costa Rican, Dominican, Nicaraguan, Panamanian, Peruvian, Spanish, Spaniard, Uruguayan, Venezuelan, etc.)</p>		<p>International Student Services Office Use Only</p>	
<p>Are you of Spanish/Hispanic origin? (Optional) (Please mark only one box)</p>		<p><input type="checkbox"/> Yes, El Salvadorian (712) <input type="checkbox"/> Yes, Guatemalan (716) <input type="checkbox"/> Yes, Honduran (718) <input type="checkbox"/> Yes, Mexican, Mexican-Am., Chicano (722) <input type="checkbox"/> Yes, Puerto Rican (727)</p>		<p>Country Code</p>	