

# REGISTRATION FORM

**FOR QUARTER/YEAR**  
SUM FALL WTR SPR  
    **20**11

College assigned Student Identification Number (NOT Social Security Number)

9	5							
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Last Name/Family Name (Print) First Name Middle Initial

Street/Mailing Address

City State Zip

Day Phone Former name(s) if applicable Evening Phone

Email Address

## STUDENT ENROLLMENT STATUS

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

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

- 11 Take courses related to current or future work
- 12 Transfer to a four-year college
- 13 High school diploma or GED
- 14 Explore career direction
- 15 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 16<sup>th</sup> birthday.

**Social Security Number**  
 -  -

**DISCLOSURE STATEMENT:** To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Life Time tax credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. **If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e)(4) for more information).** Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

OFFICE USE ONLY	ENROLLMENT DATE	RES	FEE PAY	INT	PGM	PURP	TYPE	PROCESSED BY	CREDITS BEFORE:	CREDITS AFTER:
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**CLEARLY PRINT CLASS SCHEDULE – If you do NOT wish to receive a grade or credit for a course, print “audit” in the audit column.**

ADD	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
	3303	MGMT	155	AR	2					Business Week - WWU - June 19-25, 2011
	3305	MGMT	155	BR	2					Business Week - Gonzaga - July 10-16, 2011
	7222	MGMT	155	AR	2					Business Week - CWU - July 17-23, 2011
	7224	MGMT	155	BR	2					Business Week - PLU - July 31-Aug 6, 2011

DROP	ITEM NUMBER (4-DIGITS)	DEPARTMENT ABBREVIATION	COURSE NO. (3-DIGITS)	SEC. LTR.	CREDITS	Office Use Only	
						-	*
						-	*
						-	*
						-	*
					-	*	

### INSTRUCTIONS All green highlighted fields must be completed by student.

- **Shaded areas** are reserved for office or instructor use. • **Complete all blanks** and questions prior to registration.
- Bring this completed form to WBW registration with the \$50 fee - pay with a check (payable to Edmonds Community College), money order or cash.
- **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.

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.

**—OVER—**

STUDENT SIGNATURE \_\_\_\_\_ SIGN HERE DATE \_\_\_\_\_

ADVISOR'S SIGNATURE \_\_\_\_\_ (if required) Rev. 07/09

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

<b>BIRTHDATE</b> MO. DAY YEAR 	<b>SEX</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<b>ARE YOU A U.S. CITIZEN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF YOU ARE NOT A U.S. CITIZEN, WHAT IS YOUR IMMIGRATION STATUS? (Mark one box only)</b> <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 <b>Enrollment Services Office</b> will assist you. <input type="checkbox"/> Other (please explain): _____	<b>Were you claimed for federal tax purposes by your mother, father or legal guardian in the current calendar year?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Were you claimed for federal tax purposes by your mother, father or legal guardian in the past calendar year?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Last High School attended</b> _____	<b>City and State</b> _____	<b>Graduated?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Years Attended</b> _____ to _____
<b>If YES, how long has your mother, father or legal guardian lived continuously in the state of WA?</b> _____ YEARS _____ MONTHS	<b>Last college, voc/tech, university attended</b> _____	<b>City and State</b> _____	<b>Years Attended</b> _____ to _____	<b>Graduated?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Have you been a legal resident* of Washington for the last 12 months?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>*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.</small>	<b>Are you active duty military?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>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.?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>How long have you lived continuously in Washington State?</b> _____ YEARS _____ MONTHS	<b>Are you the spouse or dependent of an active duty military person?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>How long do you plan to attend Edmonds Community College?</b> 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 <input style="width: 50px; height: 20px;" type="text"/>		
<b>Will you be attending this college with financial assistance from a non-federal agency which is outside of Washington State?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach explanation.	<b>If YES, when was the active duty military person first stationed in Washington?</b> MONTH _____ DAY _____ YEAR _____ A copy of the orders is needed at the time of registration.	<b>What is your current work status while attending college?</b> 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 <input style="width: 50px; height: 20px;" type="text"/>		
<b>Which race(s) do you consider yourself to be? (Optional) (Mark up to two boxes)</b> <input type="checkbox"/> Alaska Native (015) <input type="checkbox"/> American Indian (597) Name of enrolled or principal tribe _____ <input type="checkbox"/> Arabian (801) <input type="checkbox"/> 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"/> Napali (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) <input type="checkbox"/> Other Race _____		<b>What is your prior level of education at entry to Edmonds Community College?</b> 11 Less than high school graduation 12 GED 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 Write the number of your answer here <input style="width: 50px; height: 20px;" type="text"/>		
<b>Are you of Spanish/Hispanic origin? (Optional) (Please mark only one box)</b> <input type="checkbox"/> No, (not Spanish/Hispanic) (999) <input type="checkbox"/> Yes, El Salvadorian (712) <input type="checkbox"/> Yes, Andalusian/Iberian (800) <input type="checkbox"/> Yes, Guatemalan (716) <input type="checkbox"/> Yes, Argentinian (700) <input type="checkbox"/> Yes, Honduran (718) <input type="checkbox"/> Yes, Colombian (707) <input type="checkbox"/> Yes, Mexican, Mexican-Am., Chicano (722) <input type="checkbox"/> Yes, Cuban (709) <input type="checkbox"/> Yes, Puerto Rican (727) <input type="checkbox"/> Yes, other Spanish/Hispanic (For example: Brazilian, Chilean, Costa Rican, Dominican, Nicaraguan, Panamanian, Peruvian, Spaniard, Uruguayan, Venezuelan, etc.)		<b>What was your family status when you started at Edmonds Community College? Were you... (select only one best response)</b> 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 <input style="width: 50px; height: 20px;" type="text"/>		
<b>International Student Services Office Use Only</b>		<b>Country Code</b> _____		