

CREDIT REGISTRATION FORM

Complete this form in pen. Submit in person with photo ID to Cascadia Community College's Kodiak Corner Front Counter.
18345 Campus Way NE * Bothell, WA 98011 * (425) 352-8860

Cascadia Community College is an equal opportunity institution and does not discriminate on the basis of race, color, religion, gender, disability, national origin, citizenship status, age, sexual orientation, veteran's status, or genetic information. All Cascadia materials are available in alternative formats and can be requested by contacting the Human Resources office.



SECTION 1 - TO BE COMPLETED BY STUDENT

Cascadia CC Student ID Number										Select quarter and note year.				Are you a new student to Cascadia?		Birth Date		MONTH	DAY	YEAR
9	6	-	-	-	-	-	-	-	-	SUM	FALL	WTR	SPR	20	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Your student identification number is confidential and, under a federal law called the Family Educational Rights & Privacy Act (FERPA), the college will protect it from unauthorized use and/or disclosure.										LAST NAME (PRINT) (SPACE)					FIRST NAME (SPACE)					M.I.
New address since last registration? Can we update your record? <input type="checkbox"/> Yes <input type="checkbox"/> No		STREET ADDRESS										CITY			STATE					
ZIP CODE		DAY PHONE			EVENING PHONE			EMAIL ADDRESS												
What is your main long-term goal for attending Cascadia Community College?										<input type="checkbox"/> 11 Taking courses related to current or future work			<input type="checkbox"/> 13 High School or GED		<input type="checkbox"/> 15 Personal Enrichment					
										<input type="checkbox"/> 12 Transfer to a four year-college			<input type="checkbox"/> 14 Explore career direction		<input type="checkbox"/> 90 Other:					

SECTION 2 - TO BE COMPLETED BY STUDENT

SECTION 3 - INSTRUCTOR USE ONLY

REGISTER OR ADD	AUDIT	ITEM NUMBER				COURSE ABBREV	COURSE NUMBER	SECTION	CREDITS	DAYS					HOURS	INSTRUCTOR'S SIGNATURE	OVERLOAD PERMISSION	EXPIRATION DATE IF REQUIRED
	SAMPLE	1	2	9	0	ENG&	101	1	5	M	T	W	TH	F	S			

DROP OR WITHDRAW	AUDIT	ITEM NUMBER				COURSE ABBREV	COURSE NUMBER	SECTION	CREDITS	SECTION 4 - ADVISOR OR INSTRUCTOR USE ONLY					PREREQUISITE SATISFIED: <u>Academic Advisor or Instructor Signature Required</u>		
										<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X					DATE		
ADVISOR NOTES											SECTION 5 - ADVISOR USE ONLY						
											ADVISOR SIGNATURE					DATE	

NOTE: Important dates and deadlines for registration, add, drop, withdraw or refunds, etc. are printed in the quarterly class schedule. It is the responsibility of the student to be aware of these dates. Financial Aid students should speak with Student Financial Services about the impact of adding, dropping or repeating classes may have on awarding.

I hereby certify under penalty of perjury under the laws of the state Washington RCW 9a.72.085 that to the best of my knowledge, all statements on this form are true and correct.

STUDENT SIGNATURE **X**

DATE

OFFICE USE ONLY	RECEIVED BY	ID CHECKED	DATE	RESIDENT	FEE PAY	INTENT	PROGRAM	TYPE
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STUDENTS MUST COMPLETE SECTION 6 - BACK PAGE

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SECTION 6 - TO BE COMPLETED BY STUDENT ONCE PER QUARTER

VETERAN'S STATUS:		If yes, check one of the following:			Date active duty began: _____	
Are you a U.S. military veteran?		<input type="checkbox"/> 2. Receiving benefits, not S.E. Asian	<input type="checkbox"/> 4. Veteran not receiving any V.A. benefits		Date of Separation: _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 1. S.E. Asian receiving benefits	<input type="checkbox"/> 3. S.E. Asian not receiving benefits	<input type="checkbox"/> 5. Spouse/Child receiving benefits		
Are you active military, spouse or dependent child of same?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a deceased veteran's child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How long do you plan to attend Cascadia Community College? (SELECT ONE)		<input type="checkbox"/> 11 One Quarter	<input type="checkbox"/> 12 Two Quarters	<input type="checkbox"/> 13 One Year	<input type="checkbox"/> 14 Up to two years, no degree planned	<input type="checkbox"/> 15 Long enough to complete a degree
						<input type="checkbox"/> 16 Don't know
						<input type="checkbox"/> 90 Other (Indicate):
What is your work status while attending college? (SELECT ONE)		<input type="checkbox"/> 11 Full-time homemaker	<input type="checkbox"/> 12 Full-time employment (Including self employed and military)	<input type="checkbox"/> 13 Part-time employment, off-campus	<input type="checkbox"/> 14 Part-time employment, on-campus	<input type="checkbox"/> 15 Not employed, but seeking employment
						<input type="checkbox"/> 16 Not employed, not seeking employment
						<input type="checkbox"/> 90 Other (Indicate):
What is your prior level of education at entry to Cascadia Community College? (SELECT ONE)		<input type="checkbox"/> 11 Less than high school graduate	<input type="checkbox"/> 12 G.E.D.	<input type="checkbox"/> 13 High School graduate	<input type="checkbox"/> 14 Some post high school, but no degree or certificate	<input type="checkbox"/> 15 Certificate (Less than two years)
						<input type="checkbox"/> 16 Associate's Degree
						<input type="checkbox"/> 17 Bachelor's Degree or above
						<input type="checkbox"/> 90 Other (Indicate):
What was your family status when you started at Cascadia Community College? Were you... (SELECT ONE)		<input type="checkbox"/> 11 A single parent with children or other dependents in your care	<input type="checkbox"/> 12 A couple with children or other dependents in your care	<input type="checkbox"/> 13 Without children or other dependents in your care	<input type="checkbox"/> 90 Other (Indicate):	

SECTION 7 - TO BE COMPLETED BY STUDENT (OPTIONAL)

Providing this optional information allows us to provide improved education to the community.

Do you have a physical, sensory or mental impairment, which substantially limits one or more major life activity, such as seeing hearing, speaking or walking?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Persons with disabilities may be eligible for support services and should contact Enrollment Services at 425.352.8860 for more information.	
What race or ethnicity do you consider yourself? (Check up to two boxes)	<input type="checkbox"/> African American/Black (872)	<input type="checkbox"/> Cambodian (604)	<input type="checkbox"/> Korean (612)	<input type="checkbox"/> Other Asian (621)	
	<input type="checkbox"/> Alaska Native (015)	<input type="checkbox"/> Chinese (605)	<input type="checkbox"/> Native Hawaiian (653)	<input type="checkbox"/> Other Pacific Islander (681)	
	<input type="checkbox"/> American Indian (597) Please specify name of enrolled tribe or principal tribe:	<input type="checkbox"/> Filipino (608)	<input type="checkbox"/> Vietnamese (619)	<input type="checkbox"/> Other race/ethnicity: Please specify:	
Are you of Spanish/Latino/Hispanic/Latino ethnicity? (SELECT ONE)	<input type="checkbox"/> Yes, Cuban (709)	<input type="checkbox"/> Yes, South American (729)			
	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Mexican, Mexican American, Chicano (722)	<input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino		PLEASE SPECIFY:
	<input type="checkbox"/> Yes, Central American (704)	<input type="checkbox"/> Yes, Puerto Rican (722)			