Important: 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 comply with federal and state reporting requirements and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college. Pursuant to state and federal law, the college will protect your SSN from unauthorized use and/or disclosure.

Student Identification Number

Social Security Number

Last name (please print clearly)  First  Middle Initial  Daytime phone  Evening phone  E-mail address

Address (number and street, route and box or P.O.)  Apt. no.  City  State  Zip

How will your course work relate to your current or future work? Select the number that BEST applies to you. Write your answer in the square:

11 Gain skills for a new job or career
12 Gain skills for my current job or career
13 Improve skills for a career change
14 Does not apply
90 Other

What is your main long term goal for attending this community college? Select the number that BEST applies to you. Write your answer in the square:

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
90 Other

What is your sexual orientation? Select the number that BEST applies to you. Write your answer in the square:

11 Bisexual
12 Gay
13 Lesbian
14 Queer
15 Straight/heterosexual
16 Prefer not to answer
90 Other

What is your gender identity? Select the number that BEST applies to you. Write your answer in the square:

11 Feminine
12 Masculine
13 Androgyne
14 Gender neutral
15 Transgender
16 Prefer not to answer
90 Other

Quarter of Registration:

☐ Summer  ☐ Fall
☐ Winter  ☐ Spring
20

How long do you plan to attend Shoreline Community College? Select the number that BEST applies to you. Write your answer in the square:

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
90 Other

What is your current work status while attending college? Select the number that BEST applies to you. Write your answer in the square:

11 Full-time homemaker
12 Full-time employment (including self-employed and military)
13 Part-time off-campus
14 Part-time on-campus
15 Not employed, but seeking employment
16 Not employed, not seeking employment
90 Other

What is your prior level of education at entry to Shoreline? Select the number that BEST applies to you. Write your answer in the square:

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
90 Other

Decline or change of credit for audit course. Please check if applicable.

Do you have a physical or mental impairment which substantially limits one or more major life activities such as seeing, hearing, speaking, walking, learning or working? ☐ Yes ☐ No

If you need accommodations please contact the Office of Special Services at 206-546-4545 for information, resources and services.

I accept responsibility for the choice of classes listed above.

Student signature  Date

For Office Use Only

I accept responsibility for the choice of classes listed above.

Student signature  Date

Total credits:  By:

REFUND POLICY: Please see the quarterly class schedule for complete refund information.