

Student Identification Number

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Social Security Number

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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.

Quarter of Registration:

Summer Fall
 Winter Spring
 20 ____



Class Registration Form

Advisor code: _____ Major code: _____

Last name (please print clearly)	First	Middle Initial	Daytime phone ()	Evening phone ()	E-mail address
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Address (number and street, route and box or P.O.)	Apt. no.	City	State	Zip	NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The college appreciates your response to the following questions. All information will be maintained with the strictest confidentiality.

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

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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

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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

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

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

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CLEARLY PRINT CLASS SCHEDULE BELOW (Registration processed by item number)

Item number	Course and number	Section	No. of credits	Room	Time	Days	Check if audit*
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

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

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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

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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

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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.

Advisor's signature _____ Date _____

I accept responsibility for the choice of classes listed above.
 Student signature _____ Date _____

For Office Use Only

_____ Res _____ FPS **Total credits:** _____ **By:** _____

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

Shoreline Community College provides equal opportunity in education regardless of race, ethnicity, creed, color, national origin, sex, marital status, sexual orientation, age, religion, genetic information, gender identity, veteran status or the presence of any sensory, mental, or physical disability.

What was your family status when you started at the community college? Were you... (select only one best response)

Select the number that BEST applies to you. Write your answer in the square:

11 A 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
 90 Other

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