Shoreline COMMUNITY COLLEGE Class Registration Form

Student Identification Number

Social Security Number

Important: To comply with federal laws, we are required to ask for your Social Security Number (SSN). If you do not submit your SSN, 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.

Quarter of Registration:
❑ Summer ❑ Fall
❑ Winter ❑ Spring
20 _____

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

Address (number and street, route and box or P.O.) | Apt. no. | City | State | Zip | NEW ADDRESS? ❑ Yes ❑ No

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

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 here: _____

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

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

*Check if audit**	*Item number*	*Course and number*	*Section*	*No. of credits*	*Room*	*Time*	*Days*
❑							
❑							
❑							
❑							
❑							
❑							
❑							

**Check "audit" box only if you do NOT wish to take the class for credit.*

Advisor's signature (required if fewer than 15 earned credits at Shoreline CC) | Date

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

For Office Use Only

_____ Res _____ ABE Waiver _____ Vet Stat _____ Waive over 18 cr Tuition
_____ FPS _____ Waive NR Tuition _____ HS Compl _____ Concurrent

Total credits:
By:

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

Shoreline Community College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, religion, national origin, age, marital status, gender, sexual orientation or disability.

NEW STUDENTS MUST ASSIGN THEMSELVES A PERMANENT ADVISOR AND MAJOR CODE FROM THE EDUCATIONAL GOALS AND ADVISOR CODES FORM.

Advisor code: _____ Advisor room: _____ Major code: _____

Advisor: _____

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

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 here: _____

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 CC?
Select the number that BEST applies to you. Write your answer here: _____

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

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 here: _____

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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