Student Ider	ntification Number	er			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					of Registration	Shoreline Class Community College Registration Form			
							efer to Internal Revenue Service of for more information). Pursuant		☐ Winter 20 _	□ Spring	CONNONTYCOL	Regis	tration	Form
Social Secur	rity Number				law (RCW 28	B.10.042) an	d federal law (Family Educationa	al Rights ^L						
					rized use and		ege will protect your SSN from up.	inautno-						
Last name (pl	ease print clearly)				First	Middle			Daytime phone		Evening phone E-mail address			
									()	()			
Address (num	ber and street, rout	e and bo	x or P.C).)		F	Apt. no. Cit	ty			State	Zip	NEW AD	DDRESS?
													☐ Yes	☐ No
					_						NEW STUDENTS I			
How will your course work relate to your current or future work? Select the number that BEST applies to you. Write your answer here:						What is your main long term goal for attending this community college? Select the number that BEST applies to you. Write your answer here:					ADVISOR AND MAJOR CODE FROM THE EDUCATIONAL GOALS AND ADVISOR CODES FORM.			
	s for a new job or o		[_	· · · · · · · · · · · · · · · · · · ·					Advisor godo:	Advisor room	Major ando	. 1007D
12 Gain skills for my current job or career13 Improve skills for a career change						11 Take courses related to current or future work 12 Transfer to a four-year college					Advisor code: Advisor room: Major code: 887B			
14 Does not apply 90 Other						13 High school diploma or GED 14 Explore career direction					Advisor:			
						15 Personal enrichment								
						90 Other					How long do you plan to attend Shoreline Community College?			
					/ 5						Select the number th	at BEST applies to	you. Write your an	swer here:
CLEARLY	PRINT CLAS	S SCH	IEDUI	E BELOW	(Registration	on proces	sed by line number)				11 One quarter12 Two quarters			
Item number	Course a	nd numbe	er	Section		Room	Time		Days	Check	13 One year		1	
					credits					if audit*		rs, no degree plann to complete a degre		
											16 Don't know 90 Other			
											What is your currer	ıt work status whi	le attending colleg	je?
											Select the number th		you. Write your an	swer here:
											11 Full-time home12 Full-time emplo	emaker Dyment (including se	elf-employed and	
											military)		, ,	
											13 Part-time off-ca14 Part-time on-ca			
												but seeking emplo		
											16 Not employed,90 Other	not seeking emplo	pyment	
											What is your prior le	evel of education	at entry to Shoreli	ne CC?
						*Check	"audit" box only if you do NOT	wish to ta	ake the clas	ss for credit.	Select the number th			
•	physical or mentarking? Tyes The		ment wh	ich substantia	lly limits one	or more maj	or life activities such as seein	g, hearing	g, speaking	g, walking,	11 Less than high12 GED	•		
-	-		ct the Of	fice of Special	Services at 206	6-546-4545	or information, resources and s	services.			13 High school gr	aduate		
						Laccomi	. vaananaihilitu fay tha ahai	of ala	!:-+-	d above		h school, but no de s than two years)	egree or certificate	
Advisor's signature (required if fewer than 15 earned credits Date at Shoreline CC) NOT REQUIRED					I accept responsibility for the choice of classes listed above. Student signature Date					16 Associate degr	ree			
at 0110101110 00	,										17 Bachelor's deg90 Other	ree or above		
For Office	Use Only										What was your fam			ommunity
Res ABE Waiver			Vet Stat		Waive over 18 cr Tuition		Total credits:		college? Were you (select only one best response) Select the number that BEST applies to you. Write your answer here:					
FPS		Waive N)	HS Compl		Concurrent	By:			11 A single parent in your care	t with children or ot	her dependents	
							omplete refund infor				12 A couple with a		, ,	are

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.

90 Other

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