

Student Identification Number							

<b>Quarter of Registration:</b> <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring   20____	
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<b>Last name</b> (please print clearly) _____		First _____	Middle _____	Daytime phone (   )   (   )	Evening phone (   )   (   )	E-mail address _____
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<b>Address</b> (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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**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	<input type="text"/>
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	<input type="text"/>
12	Transfer to a four-year college	
13	High school diploma or GED	
14	Explore career direction	
15	Personal enrichment	
90	Other	

**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: \_\_\_\_\_

**NEW STUDENTS MUST ANSWER THESE QUESTIONS:**

**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	<input type="text"/>
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	<input type="text"/>
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	<input type="text"/>
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	<input type="text"/>
12	A couple with children or other dependents in your care	
13	Without children or other dependents in your care	
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
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

\*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 _____	<b>I accept responsibility for the choice of classes listed above.</b> Student signature _____	Date _____
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<b>For Office Use Only</b>				<b>Total credits:</b>  <b>By:</b>
_____ Res	_____ ABE Waiver	_____ Vet Stat	_____ Waive over 18 cr Tuition	
_____ FPS	_____ Waive NR Tuition	_____ HS Compl	_____ Concurrent	

**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.