



**Community Colleges
of Spokane**

Adult Basic Education STUDENT UPDATE FORM

SCC Registration Office, Building 15
MS 2151
1810 N. Greene St.
Spokane, WA 99217
Fax: 509-533-8181
SCC.NCRegistration@scc.spokane.edu

What year do you want to take classes? Year _____

Quarter: Summer Fall Winter Spring

PERSONAL INFORMATION

Last Name _____ First _____ M.I. _____

Other Name(s) Used _____

Date of Birth _____ ctcLink ID number (if unknown, put NA) _____

Mailing Address _____ City _____ State _____ Zip _____

E-mail address _____ Phone _____

PROGRAM OF STUDY

What program will you be pursuing?

- | | | |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> ABE | <input type="checkbox"/> CAREER TRANSITIONS | <input type="checkbox"/> COLLEGE PREP |
| <input type="checkbox"/> GED | <input type="checkbox"/> ESL | <input type="checkbox"/> HS+ |
| <input type="checkbox"/> PACE/SEER | <input type="checkbox"/> SMART START (I-BEST) | <input type="checkbox"/> STP |

APPLICANT'S SIGNATURE

I certify that my responses on this form are true.

Required applicant's signature _____ Date _____

COMMENTS