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|  | | | | | | | Career Transitions  REGISTRATION FORM | | | | | | | | | | | | | | | | | | | | | | | | | | | | **FOR OFFICE USE ONLY**  Student Group  Attributes  term | | | | | | | | | |
| Date | |  | | | | | Previous last name | | | | | | | | | | |  | | | | | | | | | | | |  | | --- | |  | | **EMPL ID** | |  | | **SOCIAL SECURITY NUMBER** | | *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 report Hope Scholarship/Lifetime Learning tax credit; to administer state/federal financial aid; to verify enrollment, degree and academic transcript records; and to conduct institutional research. If you do not submit your SSN/ITIN, 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. If you refuse to provide your SSN, please write “REFUSED” in the SSN boxes above. Contact the CCS Business office at (509)434-5275 with questions.* | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | |  | | | | | | | | | | | | |  | | | | |
|  | | Last | | | | | | | | | First | | | | | | | | | | | | | Middle | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | St |  | | | | | | Zip | |  | | | | | |
| Day phone | | | |  | | | | | | Evening phone | | | | | | | | | | |  | | | | | | | |
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| ***\*\*Very Important\*\**** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student’s Signature: | | | | | |  | | | | | | | | | | | | | | | | | | | | U.S. CITIZEN?  Yes  No | | | | | | | | Female  Male | | | | | Birth Date  mm dd yyyy | | | | | |
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| **WHAT RACE DO YOU CONSIDER YOURSELF TO BE?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| African-American (872) | | | | | | | Chinese (605) | | | | | | | | | Korean (612) | | | | | | | | | | | White (800) | | | | | | | | | | | Other race (799) (please specify below) | | | | | | |
| Alaskan Native (015) | | | | | | | Filipino (608) | | | | | | | | | Native Hawaiian (653) | | | | | | | | | | | Other Asian (621) | | | | | | | | | | |
| American Indian (597) | | | | | | | Japanese (611) | | | | | | | | | Vietnamese (619) | | | | | | | | | | | Other Pacific Islander (681) | | | | | | | | | | |  | | | | | | |
| **Are you of Spanish/Hispanic/Latino ethnicity?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | | | | | Yes: Puerto Rican (727) | | | | | | | | | | | Yes: Other Spanish/Hispanic/Latino (717) | | | | | | | | | | | | | | |
| Yes: Mexican, Mexican American, Chicano (722) | | | | | | | | | | | | | | | | | | | Yes: Cuban (709) | | | | | | | | | | | (please specify) | | | | | |  | | | | | | | | |
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| **CLASS NUMBER** | | | | | **CLASS DATE** | | | | | | | **COURSE TITLE** | | | | | | | | | | | | | | | | | | | | **LOCATION** | | | | | | | | | **FEE** | | | |
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| **REFUND POLICY** See CCS quarterly class schedule for complete refund information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **TOTAL** | | | | | | | | | $ | | | |
| **WASHINGTON STATE RESIDENCY STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. a. Have you been a legal resident\* of Washington and lived continuously in Washington for the last 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
| \* A student cannot qualify as a legal resident of Washington for tuition calculation purposes if he/she possesses a valid out-of-state driver’s license, vehicle registration or other documents that give evidence of being a legal resident in another state.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| b. If no, how long have you lived continuously in the state of Washington? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Months | | | | | | | | |  | | |
| 2. Were you claimed for federal income tax purposes by your mother, your father or your legal guardian in the current year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
| In the past calendar year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
| If YES, has your mother, father or legal guardian lived continuously in the state of Washington for the past 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
| 3. Will you be attending college with financial aid provided by a public or private nonfederal agency or institution outside of Washington where state residency is a requirement for receiving that aid? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
| 4. Are you active duty military, stationed in Washington? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
| Are you the spouse or dependent of an active duty military person stationed in Washington? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
| **Previous education** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of last high school attended | | | | | | | |  | | | | | | | | | | | | | | | | | | | | City | | |  | | | | | | | | | State | | |  | |
| Date you graduated or will graduate | | | | | | | | | Month | | | |  | | | | | | | Year | |  | | | If you did not graduate, indicate highest grade completed | | | | | | | | | | | | | | | | | | |  |
| Have you successfully completed the GED test?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **STUDENT STATUS - Select only one best response for each question and circle numbers below** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How long do you plan to attend this college?**  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 I don’t know  90 Other | | | | | | **What will be your work status while attending college?**  11 Full-time homemaker  12 Full-time employment (includes self-employment 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?**  10 Less than 9th grade  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 2 years)  16 Associate degree  17 Bachelor’s degree or higher  90 Other | | | | | | | | | | | | **What is your current**  **family status?**  11 Single parent with children or other dependents in your care  12 Couple with children or other dependents in your care  13 Without children or other dependents in your care  90 Other | | | | | | | | **What is your main longterm goal for attending this community college?**  11 Take courses related to current or future work  12 Transfer to a four-year institution  13 High school diploma or GED  14 Explore career direction  15 Personal enrichment  90 Other | | | | | | | |
| **Do you have a physical or mental impairment\*\* that substantially limits one or more major life activities** (i.e., seeing, hearing, speaking, walking, learning or working)?  Yes  No **\*\**See the Community Colleges of Spokane quarterly class schedule for ADA information.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

