Community Colleges of Spokane

ACT 2 Program
REGISTRATION FORM

REGISTRATION • 279-6030

MAIL TO:
ACT 2 Registration, MS 2151
Spokane Community College
1810 N Greene St
Spokane WA 99217
Checks payable to CCS

PLEASE TYPE OR PRINT WITH A BALLPOINT PEN.

Student identification number ☐☐☐☐☐☐☐☐☐

Name_____ (Last / First / Middle)

Address_____

City_____ State_____ ZIP_____

Day phone_____ Evening phone_____

E-mail address_____

Student's signature_____ Date_____

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 Disability Support Services may be available to assist you. For information call 279-6037.

WHAT RACE DO YOU CONSIDER YOURSELF?

- ❑ **White (800)**
- ❑ **African American (872)**
- ❑ **American Indian (597)**
- ❑ **Alaskan Native (015)**
- ❑ **Native Hawaiian (653)**
- ❑ **Other Pacific Islander (681)**
- ❑ **Vietnamese (619)**
- ❑ **Filipino (608)**
- ❑ **Chinese (605)**
- ❑ **Korean (612)**
- ❑ **Japanese (611)**
- ❑ **Other Asian (621)**
- ❑ **Other race (Please specify)** _____

Are you of Spanish/Hispanic/Latino ethnicity?

- ❑ No
- ❑ Yes, Mexican, Mexican American, Chicano (722)
- ❑ Yes, Puerto Rican (727)
- ❑ Yes, Cuban (709)
- ❑ Yes, other Spanish/ Hispanic/Latino (Specify) _____

REFUND POLICY A full refund is given for all classes cancelled by the college. For student-initiated withdrawals from state-support classes (indicated by an asterisk next to the class title), refunds and withdrawal dates are based on a proportionate relationship of class length to the length of a standard quarter. For student-funded classes, a 100% refund is given for student-initiated withdrawals at least three business days* prior to the first day of class. No refund is granted two or fewer business days prior to the first day of class. A $7 processing fee is deducted from the refund amount. Refund schedules prevail whether students attend class or not. Students are responsible for initiating the paperwork for refund/withdrawal requests. Urgent! Call the ACT 2 Program (279-6027) immediately to qualify for a potential refund. **A business day is 8am to 5pm Monday through Friday, in accordance with WAC 132Q-01-006.*

U.S. CITIZEN? ❑ Yes ❑ No GENDER ❑ Female ❑ Male BIRTH DATE MONTH_____ DAY_____ YEAR_____

ITEM NO.	COURSE TITLE	LOCATION	STARTING DATE	TIME	TUITION
				TOTAL $	

NOTE: Parking fee required to park on SCC or SFCC campuses, at the Lodge, or Magnuson Building, 6:30 a.m. to 5:00 p.m., Monday through Friday.

PREVIOUS EDUCATION

Name of last high school attended_____ City_____ State_____

Date you graduated: Month_____ Year_____ If you did not graduate, indicate highest grade completed_____

Have you successfully completed the GED test? ❑ Yes ❑ No

RESIDENCY Have you lived continuously in the state of Washington for 12 months? ❑ Yes ❑ No

STUDENT STATUS Select only one best response for each question 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 two 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 long-term goal for attending classes?

- ❑ 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

PAYMENT INFORMATION ❑ Check enclosed, payable to CCS. Charge my: ❑ VISA ❑ MasterCard ❑ Discover Card

Card holder's signature_____

Acct. No.____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____ V-code*_____ Expiration date_____

*** CREDIT CARD INFORMATION WILL BE DESTROYED UPON PROCESSING.**