

**EDMONDS COMMUNITY COLLEGE
BUSINESS TRAINING CENTER REGISTRATION FORM (7 or fewer credits per quarter)**

Summer Fall Winter Spring Year _____
 Former student at Edmonds CC? Yes No If yes, when? _____

Last Name _____ First Name _____ Initial _____ Social Security # _____
 Month _____ Day _____ Year _____

Mailing Address _____ Apt. No. _____ Student Identification # (College assigned) _____ Birthdate _____

City _____ State _____ Zip _____

 Day Telephone _____ Evening Telephone _____

 Male Female Previous Last Name(s) _____

DISCLOSURE STATEMENT: Your social security number is confidential and, under a federal law called the Family Educational Rights and Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research. Please note Edmonds Community College cannot use your social security number as your student record identifier. The College will assign a student identification number to you and will send you a written notification of your assigned Edmonds Community College student identification number.

Which race do you consider yourself to be?

 Alaskan Native/American Indian (597)

 Black or Afro-American (870)

 Chinese (605)

 Filipino (608)

 Japanese (611)

 Korean (612)

 Vietnamese (619)

 White (800)

 Other Asian or Pacific Islander (621)

 Other Race (799) (specify) _____

U.S. Citizen? Yes No

 If not a U.S. citizen, country of citizenship _____

 If not U.S. Citizen, what is your Visa Status?

 International Student (F or M visa)

 Refugee/Parolee or Conditional Entrant Alien # _____

 Immigrant/Permanent Resident Alien # _____

 Temporary Resident Alien # _____

 Visitor

 Other (Please explain) _____

How long have you lived continuously in the State of WA? ____ Yrs ____ Months

 Last high school attended _____ City and State _____

 Years attended _____ to _____ Graduated? Yes No

 Last college/university attended _____ City and State _____

 Years attended _____ to _____ Graduated? Yes No

Are you of Spanish/Hispanic origin?

 No (999) Yes (717)

How long do you plan to attend Edmonds Community 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 Don't know

 Write the number of your answer here

What is your prior level of education at entry to Edmonds CC?

 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 degree or above

 Write the number of your answer here

What is your current work status while attending college?

 11 Full-time Homemaker

 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

 Write the number of your answer here

What was your family status when you started at Edmonds CC?

 Were you ... (select only one best response).

 11 A single parent with children or other dependents in your care

 12 A couple with children or other dependents in your care

 13 Without children or other dependents in your care

 Write the number of your answer here

I certify that, to the best of my knowledge, all statements on this form are true.

 Signature _____ Date _____

What is your main long term goal for attending Edmonds CC?

 11 Take courses related to current or future work

 12 Transfer to a four-year college

 13 High school diploma or GED

 14 Explore career direction

 15 Personal enrichment

 Goal

OFFICE USE	ENROLLMENT DATE	RES	FEE PAY	INT	PGM	PURP	TYPE	COUNTER	TERMINAL	OK	COOR	HIST	ARCH
											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clearly print class schedule - If you do NOT wish to receive credit, print "AUDIT" in the audit column.

"AUDIT"	ITEM NUMBER	COURSE TITLE	COURSE DATES	DEPARTMENT ABBREVIATION	COURSE NO.	SEC.	CREDITS	REGISTRATION COMPLETED

MAIL TO : Edmonds Community College
 Business Training Center
 9901 24th PL W
 Everett, WA 98204

 OR FAX TO : (425) 267-5749

MAKE CHECKS PAYABLE TO EDMONDS COMMUNITY COLLEGE. TO REGISTER BY PHONE WITH A MASTERCARD OR VISA, OR FOR REGISTRATION ASSISTANCE, CALL 425-640-1840.

 CONFIRMATION LETTERS ARE NOT MAILED. YOU WILL NOT BE CONTACTED UNLESS THERE IS A CHANGE OR CANCELLATION.

MASTER CARD VISA CREDIT CARD # _____ EXPIRATION DATE _____ NAME ON CREDIT CARD _____

 COMPANY NAME _____ COMPANY ADDRESS _____ PO # _____

STUDENT EMAIL ADDRESS (REQUIRED) _____

REFUND POLICY: Requests for refunds can be accommodated if notice of withdrawal is given at least two business days prior to class start date, (unless otherwise noted).