

MAIL TO:

ACT 2 Registration, MS 3027 **ACT 2 Program** 2917 W Fort George Wright Dr Community Colleges Spokane WA 99224-5202 REGISTRATION FORM REGISTRATION • 279-6030 **Checks payable to CCS PLEASE TYPE OR PRINT WITH A BALLPOINT PEN. WHAT RACE DO YOU CONSIDER YOURSELF? Student identification number ☐ White (800) ☐ Filipino (608) ☐ African American (872) Chinese (605) Middle American Indian (597) ☐ Korean (612) Address_ ☐ Alaskan Native (015) ☐ Japanese (611) Other Asian (621) ■ Native Hawaiian (653) State_ _ ZIP_ ☐ Other Pacific Islander (681) ☐ Other race (Please specify) Day phone_ _____ Evening phone__ ☐ Vietnamese (619) E-mail address_ Are you of Spanish/Hispanic/Latino ethnicity? ■ No ☐ Yes, Cuban (709) Student's signature_ ☐ Yes, Mexican, Mexican ☐ Yes, other Spanish/ Do you have a physical or mental impairment that substantially limits one American, Chicano (722) Hispanic/Latino (Specify) or more major life activities (i.e., seeing, hearing, speaking, walking, learning or working)? ☐ Yes, Puerto Rican (727) Yes No Disability Support Services may be available to assist you. For information call 279-6037. 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. Yes ☐ No GENDER ☐ Female ■ Male BIRTH DATE MONTH_ U.S. CITIZEN? DAY YFAR ITEM NO. COURSE TITLE LOCATION STARTING DATE TUITION TIME 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. Select one option below: \square I want to purchase a permit for the quarter: \square Fall, winter or spring (\$24) *Subject to change without notice. Parking Fee (if required) License plate number State I will pay (\$3) each day of class at a campus kiosk or the Magnuson cashier window, or park at a meter. TOTAL \$ *Parking permits are nonrefundable and nontransferable. PREVIOUS EDUCATION Name of last high school attended_ City_ Date you graduated: Month_ If you did not graduate, indicate highest grade completed_ Year Have you successfully completed the GED test? ☐ Yes ☐ No Have you lived continuously in the state of Washington for 12 months? ☐ Yes ■ No RESIDENCY Select only one best response for each question below STUDENT STATUS How long do you plan to attend this college? What is your prior level of education? ■ 11 One guarter ☐ 10 Less than 9th grade ■ 12 Two quarters ☐ 11 Less than high school graduation ■ 13 One year ☐ 12 GED ☐ 14 Up to two years, no degree planned ☐ 13 High school graduate ■ 15 Long enough to complete a degree ☐ 14 Some post high school, but no degree or certificate ☐ 16 I don't know ☐ 15 Certificate (less than two years) □ 90 Other ☐ 16 Associate degree ☐ 17 Bachelor's degree or higher What will be your work status while attending college? □ 90 Other ■ 11 Full-time homemaker ☐ 12 Full-time employment (includes self-employment and military) What is your current family status? ■ 13 Part-time off campus ☐ 11 Single parent with children or other dependents in your care ■ 14 Part-time on campus ☐ 12 Couple with children or other dependents in your care ☐ 15 Not employed, but seeking employment ☐ 13 Without children or other dependents in your care

<u> </u>	· · · · · · · · · · · · · · · · · · ·		
PAYMENT INFORMATION	☐ Check enclosed, payable to CCS.	Charge my: ☐ VISA ☐ MasterCard	☐ Discover Card
Card holder's signature			
Acct. No.	_	V-code*	Expiration date
COPEDIT CARD INCORMATION WILL E	DE DECEDOVED LIDON DOCCESSING		

CREDIT CARD INFORMATION WILL BE DESTROYED UPON PROCESSING.

What is your main long-term goal for attending classes? ☐ 11 Take courses related to current or future work

☐ 16 Not employed, not seeking employment

☐ 12 Transfer to a four-year institution

Marketing and Public Relations CCS 9022 (Rev. 10/14)

□ 90 Other

☐ 13 High school diploma or GED

■ 14 Explore career direction

□ 90 Other

■ 15 Personal enrichment

□ 90 Other