Community Colleges of Spokane

Spokane Community College
PACE/SEER NONCREDIT REGISTRATION FORM

Reset Form

PLEASE TYPE OR PRINT WITH A BALLPOINT PEN.

Date_____ Previous last name_____

Name_____
Last First Middle

Address_____

City_____ State_____ ZIP_____

Day phone_____ Evening phone_____

Registered sex offenders and kidnapping offenders are required to meet with the Chief Student Services Administrator before registering in any college program or class.

I authorize CCS to exchange testing information about me to CCS employees and previous high schools who have a legitimate educational interest in knowing this information. I understand information may be provided verbally or by computer data transfer, mail, fax or hand delivery.

Student's signature_____

STUDENT IDENTIFICATION NUMBER

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.

U.S. CITIZEN? ❒ Yes ❒ No

❒ Female ❒ Male **BIRTH DATE** MO. DAY YR.

WHAT RACE/ETHNICITY DO YOU CONSIDER YOURSELF TO BE?

❒ African American (872) ❒ Chinese (605) ❒ Korean (612) ❒ White (800) ❒ Other race (799) (please specify)_____
❒ 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) (please specify)_____
❒ Yes: Mexican, Mexican American, Chicano (722) ❒ Yes: Cuban (709)

ITEM	CLASS DATE	COURSE TITLE	LOCATION	FEE

Will you be parking on campus? ❒ Yes ❒ No

NOTE: Car information and parking fee required for on-campus classes that meet **10 times or more**.

License plate number_____ State_____

Parking Fee (if required)

TOTAL $

REFUND POLICY See CCS quarterly class schedule for complete refund information.

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 last calendar year? ❒ Yes ❒ No
   If YES, has your mother, father or legal guardian lived continuously in the state of Washington for the last 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

STUDENT STATUS

Select only one best response for each question

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 ninth 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 this community college?
- ❒ 11 Take courses related to current / 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.***

FOR PROGRAM USE ONLY

❒ Transition/District_____ Scholarship ❒ Yes ❒ No Amount Paid $_____

❒ DVR ❒ County ❒ NS ❒ CL 20_____ ❒ Summer ❒ Fall ❒ Winter ❒ Spring

❒ WRT 80/81/82 ❒ NON T19 ❒ RS ❒ SMS

Make checks/money orders payable to Community Colleges of Spokane and mail to:

PACE/SEER MS 3090
3305 W Fort George Wright Dr
Spokane WA 99224-5228

❒ Check enclosed Charge my: ❒ VISA ❒ MasterCard

Card holder's signature_____

Account number ____ ____ ____ ____-____ ____ ____ ____-____ ____ ____ ____-____ ____ ____ ____ V-code***_____

Expiration date_____ ***Credit card information will be destroyed upon processing.***