

## **Center for Workforce & Continuing Education** Workforce, Continuing Education NONCREDIT REGISTRATION FORM

FOR OFFICE USE ONLY												
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Date	Previous last nan												
Name					NT IDENT	IFICATION	NUMBER	_					
	Last	First M	ddle										
Address			То сотр	ly with federal laws,	we are required	URITY NUI to ask for your So	cial Security Numl	Der (SSN) or					
City	St	Zip	Scholarsi enrollmei	I Taxpayer Identification  I Taxpayer Identifica	ng tax credit; to ac demic transcript re	dminister state/fed ecords; and to cor	eral financial aid; t nduct institutional r	o verify esearch. If you					
Day phone	Eveni	ng phone	be subject 1(e)(4) fo	nbmit your SSN/ITIN of to civil penalties ( or more information)	refer to Internal R Dursuant to stat	Revenue Service 1 e law (RCW 28B.	reasury Regulation 10.042) and federa	n 1.6050S- al law (Family					
			Education and/or dis	nal Rights and Priva sclosure. If you refu ontact the CCS Rui	acy Act), the colle use to provide you siness office at (5	ge will protect your or SSN, please wr on 1434-5275 with	ir SSN from unaut te "REFUSED" in t	norized use the SSN boxes					
		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											
Student's Signature:		F	☐ Female ☐ Male BIRTH DATE										
WHAT RACE DO YOU CONSIDER YOURSELF TO BE?													
African-American (872)	☐ Chinese (605)	☐ Korean (612)	☐ White (80	,		Othe Specify	er race (799	) (please					
☐ Alaskan Native (015) ☐ American Indian (597)	☐ Filipino (608) ☐ Japanese (611)	<ul><li>☐ Native Hawaiian (653)</li><li>☐ Vietnamese (619)</li></ul>	☐ Other As ☐ Other Pa		r (681)	specify	below)						
Are you of Spanish/Hispar					. (66.)								
☐ No ☐ Yes: Puerto Rican (727) ☐ Yes: Other Spanish/Hispanic/Latino (717) ☐ Yes: Mexican, Mexican American, Chicano (722) ☐ Yes: Cuban (709) (please specify)													
ITEM	CLASS DATE	COURSE TITLE	] (1 -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LOCATIO	N	FE	F					
	SENSO DATE	333N32 H122			200/1110	~	•						
REFUND POLICY	See CCS quarterly class sch	edule for complete refund info	rmation.			TOTAL	\$						
WASHINGTON STATE RES		Providence (Company)	( th- lt	40 11 0									
,	resident* of Washington and lalify as a legal resident of Was	, ,					☐ Yes	∐ No					
	ehicle registration or other do												
	ou lived continuously in the sta			Mont									
•				gal guardian in the current year?				□ No					
			ngton for the past 12 months?				☐ No ☐ No						
3. Will you be attending of	college with financial aid provide te residency is a requirement to	ded by a public or private nonf	ederal agency	or institution	outside of		☐ Yes						
	litary, stationed in Washington						☐ Yes	☐ No					
	dependent of an active duty m	nilitary person stationed in Wa	shington?				☐ Yes	☐ No					
PREVIOUS EDUCATION  Name of last high school attorder.	ended		City				State						
Date you graduated or will g		Year	If you did not g										
, ,	eleted the GED test? Tyes [		,	,	J	J							
STUDENT STATUS - Selec	t only one best response for												
How long do you plan to attend this college?	What will be your work statu while attending college?	s What is your prior level of education?	What is family s	your currer	nt		ur main lon tending this						
☐ 11 One Quarter	11 Full-time homemaker	10 Less than 9th grade	☐ 11 Si	ngle parent w		communit	y college?						
☐ 12 Two quarters ☐ 13 One year	☐ 12 Full-time employment (includes self-employment	11 Less than high school graduation	y	r other depen our care			courses relat nt or future w						
14 Up to two years, no degree planned	and military) ☐ 13 Part-time off campus	<ul><li>☐ 12 GED</li><li>☐ 13 High school graduate</li></ul>		ouple with chi ther depende		☐ 12 Trans	fer to a four-yution	/ear					
15 Long enough to complete a degree	<ul><li>☐ 14 Part-time on campus</li><li>☐ 15 Not employed, but seeking</li></ul>	☐ 14 Some post high school,	but no _ c	are ithout childrer	•	☐ 13 High	school diplom re career dire						
☐ 16 I don't know	employment  16 Not employed, not seeking	☐ 15 Certificate (less than 2 ye	ars) _ d	ependents in		☐ 15 Perso	nal enrichme						
90 Other	employment	☐ 17 Bachelor's degree or hig	☐ 90 O her	шег		☐ 90 Other							
					, hearing, sp	eaking, walk	ing, learning	or					
	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.												