

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane Community College REGISTRATION TRANSACTION FORM

Quarter of registration:

Summer Fall Winter Spring

Year: 20_____

USING A BLUE OR BLACK PEN, CLEARLY PRINT ALL INFORMATION BEFORE SUBMITTING TO REGISTRATION IN BUILDING 15.

Full legal name _____ Student identification number (SID) _____

Last First M.I.

Address _____ City _____ State _____ ZIP _____

Day phone _____ Evening/message phone _____ E-mail address _____ @ _____

Emergency contact: Name _____ Phone _____

REGISTER OR ADD	Item	COURSE ENGL& WELD	NUMBER 101 113	Section	Credits	Audit ¹	Added to class waitlist	Bldg.	Room	Days	Start time	Prerequisite entry code or footnote override signature ²	After 1st class session instructor signature required to add class	Instructor signature required to override class capacity	Instructor signature required to override class waitlist	
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LATE REGISTRATION After the 10th day of fall, winter and spring quarters, or after the 8th day of summer quarter, indicate the first date _____ you attended the class you are adding and mark the reason below that best describes the cause of your late registration:

Extenuating circumstances. Please provide brief explanation: _____

Registration "batch" submitted late.

Replacing a cancelled class; correcting the class section, course level or a clerical error.

DROP ³	Item	COURSE	NUMBER	Section	Credits	FOR OFFICE USE ONLY	
						U.A. CODE _____ Date _____	Refund exception % _____
						Override signature _____	Signature _____ Date _____
					U.A. CODE _____ Date _____	Registration transaction entered	
					Override signature _____	Initial _____ Date _____	

¹ Audit: If you do not wish to earn credit or receive a decimal grade, put an "A" in the "Audit" column indicating you wish to audit the class. Financial Aid will not pay for classes that are audited.

² Prerequisite entry codes or footnote overrides may be obtained from a counselor in building 15 or by calling 533-7026.

³ To drop ALL classes, complete the *Official Withdrawal Form*. See the quarterly class schedule for the complete refund information.

Short-course refund dates are pro-rated. Refunds are processed by the Business Office and take 10 working days to complete.

Student's signature _____ Date _____ Adviser's signature _____ Date _____

A response to the questions below is necessary ONLY if requested by the Registration Processor to obtain information missing from your student record.

Federal funding is based on this information.

Do you have a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc.?

Yes No

Disability Support Services may be available to assist you. For more information call SCC Disability Support Services at 533-7169.

What is your main long-term goal for attending Spokane Community College?

- 11 Take course(s) 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
- 90 Other

How long do you plan to attend SCC?

- 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 SCC?

- 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? (Optional)

- 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
- 90 Other

Have you been in Washington State foster care for at least one year since your 16th birthday?

Yes No

(F\$)

Do you plan to major in math?

Yes No

(M\$)

Do you plan to major in science?

Yes No

(S\$)

OFFICE USE ONLY

Outcomes information entered:

Initial _____ Date _____