

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.



CCS Seniors Program ENROLLMENT FORM

MAIL TO: Institute for Extended Learning
Registration MS 3090
3305 W Fort George Wright Dr
Spokane WA 99224-5228

REGISTRATION • 533-3770

PLEASE TYPE OR PRINT WITH A BALL POINT PEN.

Under P.L. 93-579, S7(a)(1), disclosure of a Social Security number is voluntary. If you wish to use an alternate student identification number, it will be provided through noncredit. The student identification number is used for retrieval of all records in the student management system data base (registration, admissions, transcripts, enrollment verification).

Student identification number	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	WHAT RACE DO YOU CONSIDER YOURSELF? <input type="checkbox"/> White (800) <input type="checkbox"/> Black/African-American (870) <input type="checkbox"/> Alaskan Native or American Indian (597) <input type="checkbox"/> Chinese (605) <input type="checkbox"/> Filipino (608) <input type="checkbox"/> Korean (612) <input type="checkbox"/> Vietnamese (619) <input type="checkbox"/> Japanese (611) <input type="checkbox"/> Other Asian or Pacific Islander (621) <input type="checkbox"/> Other race (799) Are you of Spanish or Hispanic origin? <input type="checkbox"/> No (999) <input type="checkbox"/> Yes (717)
Name _____	Last		First		Middle							
Address _____												
City _____				State _____				ZIP _____				
Day phone _____						Evening phone _____						
Student's signature: _____										Date _____		
U.S. CITIZEN?		<input type="checkbox"/> Yes <input type="checkbox"/> No		GENDER		<input type="checkbox"/> Female <input type="checkbox"/> Male		BIRTH DATE		MO. DAY YR.		

ITEM NO.	COURSE TITLE	LOCATION	STARTING DATE	TIME	TUITION

Check enclosed, payable to CCS. Charge my: VISA MasterCard Expiration date _____

Acct. No. _____ Card holder's signature _____

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** Disability Support Services may be available to assist you. For information call IEL 533-3747.

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 Have you lived continuously in the state of WA for 12 months? Yes No