



Spokane Falls Community College REGISTRATION/ADD/DROP FORM

Please print

Quarter of registration:

- Summer Fall Winter Spring
20 _____

SFCC
 IEL

____-____-____

Student identification number

Daytime phone _____ Evening phone _____

Name _____
Last First Middle

Mailing address _____

City _____ State _____ ZIP _____

Emergency name _____ Phone _____

Federal funding is based on this information. Academic accommodations and support services are available.

For information, call **Disability Support Services at (509) 533-4166 (Spokane), (509) 685-2122 (Northern Counties) or (509) 279-6037 (Whitman County).**

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

STUDENT STATUS

Select only one best response for each question and check below

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 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

ARE YOU ATTENDING TO OBTAIN A DEGREE/CERTIFICATE?

- YES** I plan to obtain a (check one)
 Liberal Arts (AA) or Associate of Science Transfer (AST) degree Please complete section #1 below. **DO NOT** respond to sections #2 or #3 below.
 Professional/Technical degree or certificate Please complete section #2 below. **DO NOT** respond to sections #1 or #3 below.
- NO** Please complete section #3 below. **DO NOT** respond to sections #1 or #2 below.

#1 LIBERAL ARTS (AA) or ASSOCIATE OF SCIENCE (AST) DEGREE — Please check ONE box

- A** I plan to earn the community college associate of arts degree or associate of science degree, but do not plan to transfer to a four-year institution.
- B** I plan to earn the community college associate of arts degree or associate of science degree and transfer to a four-year institution OR earn credits to transfer to a four-year institution.
- Four-year institution: _____ Major: _____

#2 PROFESSIONAL/TECHNICAL ASSOCIATE IN APPLIED SCIENCE DEGREE or CERTIFICATE — Please check ONE box

- F** I plan to earn a two-year associate in applied science degree. **PROFESSIONAL/TECHNICAL PROGRAM**
- F** I plan to earn a certificate.
- G** I plan to enroll in classes that will prepare me to enter a professional/technical program.

REQUIRED

Print Title

____-____-____

Code

#3 NON-DEGREE SEEKING — Please check ONE box

JOB SKILL UPGRADE, PERSONAL ENRICHMENT

- J** I plan to upgrade my job skills. (Cannot be receiving financial aid.)
- L** I plan to take classes for personal interest. (Cannot be receiving financial aid.)

What is your main long-term goal for attending this community college?

- 11 Take course 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

Select the answer that BEST applies to you. Write the number in the box.

ADD / DROP

ADD Instructor signature(s) required after 3rd day (based on class start date).

Item No.	Course No.	Sec.	Course Title	Credits	Audit?	Instructor Signature* (required if class is full or after 3 rd day of class)	First Date of Attendance

**Instructor signature does not guarantee prerequisite approval.*

DROP No instructor signature required.

Item No.	Course No.	Sec.	Course Title	Credits

REFUND POLICY
 Please see the quarterly class schedule for complete refund information.
 Short-course refund dates will be pro-rated.
 Refunds are authorized by the District Accounting Office and take
 10 working days to complete.

Student's signature _____ *REQUIRED* _____ Date _____

Computer entry _____