The following form can be filled out **Online**, printed for signatures, then mailed or faxed.

To fill out forms in Acrobat Reader:

- Select the "hand" tool.
- · Click on a line or in a box and begin typing.
- Check boxes can be clicked on or off.
- To move from one editable area to the next, use the tab key.
- If you prefer, the "Highlight Fields" option can be selected to show the editable areas on the form, and the zoom tool in the browser can be used to enlarge the form view.
- When printing the form, start with page 2 of this PDF document.
- For best results, we recommend the latest version of Acrobat Reader.



Student's signature_

Corrections Education NONCREDIT REGISTRATION FORM

PLEASE TYPE OR PRINT WITH A BALL POINT PEN.			S	I D]-		 [
				STUDE	ENT II	DENTIF	CATIO	N NU	MBE	R
Name					_		-			
Last	First	Middle		sc	CIAL	SECU	RITY N	JMBI	ER	· •
Address PO Box 1	899			mply with federa or Individual Ta						
Address · C Dox ·			ITIN i	to report Hope S cial aid; to verify	Scholars enrollme	hip/Life Tin ent, degree	ne tax credi and acader	it; to ad nic tran	lministe script re	r state/fedi ecords; and
City_Airway Heigh	nts State_	WA 99001	be de (refer inforr ily Ed unaut "REF	uct institutional interior access to to Internal Revenation). Pursuar ducational Rights thorized use and iUSED" in the \$434-5275 with quite institutional rights.	the colle enue Se nt to sta and Pr or disclo	ege; howev rvice Treas ate law (RC rivacy Act), osure. If you xes above.	er, you may ury Regulat CW 28B.10. the college refuse to p	be subtion 1.60 .042) are will proposed	bject to 050S-1 ₍ nd fede rotect y our SSI	civil penal (e)(4) for m eral law (Fa our SSN fr N, please w
			U.S	. CITIZEN	!? □			MC	Э. <u>г</u>	DAY YR
			□F	emale \square M	lale	BIRT	H DATI	Ξ		
WHAT RACE/ETHNIC	ITY DO YOU CONSIDER YO	OURSELF TO BE?								
☐ African American (872	2)	☐ Korean (612)	J White (80	20)			☐ Oth	er rac	ce (79	99)
☐ Alaskan Native (015)	☐ Filipino (608)	_ ` ` _	Other As	,				ase s	•	•
☐ American Indian (597)	. , ,	, ,		cific Islande	or (68	1)	(pic	230 3	pccii	у)
,	,	S Victianicse (013)	Otherra	ionio isiana	00) 10	')				
Are you of Spanish/Hisp	panic/Latino ethnicity?	_		_						
□ No		☐ Yes: Puerto Rican (727)		☐ Yes: O		•			•	
☐ Yes: Mexican, Mexica	ın American, Chicano (722)	☐ Yes: Cuban (709)		(please	e spe	cify)				
ITEM	CLASS DATE	COURSE TITL	F				1.00	CATIO	N	
11 = 111	OENGO BATE	Gothe III						74.1.0		
PREVIOUS EDUCATION	ON									
Name of last high school att	ended		Ci	ty				. Stat	e	
Date you graduated or will g	graduate: Month	Year If you did not	graduate, ir	ndicate last ye	ear att	ended _				
Have you successfully comp	oleted the GED test? ☐Yes ☐	No								
STUDENT STATUS	Salact anly and host res	ponse for each question and circ	lo numbor	rs bolow					—	
How long do you plan	What will be your work status	-		/hat is your	OURE	nt	What	ie vo	ur m	ain long-
to attend this college?	while attending college?	of education?		amily status						tending
11 One Quarter	11 Full-time homemaker	10 Less than 9th grade	1	1 Single pare					-	college
12 Two quarters	12 Full-time employment	(11) Less than high school gradua	ation	or other de	pende	nts in				related t ure work
13 One year	(includes self-employment and military)	12 GED	1:	2 Couple wit	h child	Iren				four-year
14 Up to two years, no degree planned	13 Part-time off campus	13 High school graduate		or other de	epende			stituti		, , , , ,
15 Long enough to	14 Part-time on campus	14 Some post high school, but no degree or certificate	4.	in your car		or other				diploma
complete a degree	15 Not employed, but	15 Certificate (less than 2 years)	1.	3 Without ch dependent				r GED		er direction
16 I don't know	seeking employment	16 Associate degree	9	Other				-		chment
(90) Other	16 Not employed, not seeking employment	17 Bachelor's degree or higher					90 O			
	90 Other	90 Other								
Do you have a physical or	mental impairment** that su	bstantially limits one or more major	life activiti	es						
(i.e., seeing, hearing, speaking	g, walking, learning or working)?	☐Yes ☐No ** See the Community 0	Colleges of S	pokane quart	erly cla	ass sched	dule for A	DA inf	ormat	ion.
I authorize CCS GED Testino	g Department to exchange testin	g information about me to CCS employed	es who have	a legitimate	educa	tional int	erest in k	nowir	ng this	;
		ed verbally or by computer data transfer,							-	

CCS 5463 (7/10) Marketing and Public Relations

Date _