

# ADMISSION/REGISTRATION FORM

# South Puget Sound Community College

Student ID Number			Social Security Number**				Quarter Plan to Start		Date (mm/dd/yy)		Gender	DOB (mm/dd/yy)
			Running Start? <input type="checkbox"/>				Summer <input type="checkbox"/> Fall <input type="checkbox"/> 20__		/ /		Male <input type="checkbox"/>	/ /
							Winter <input type="checkbox"/> Spring <input type="checkbox"/>				Female <input type="checkbox"/>	
Last Name			First Name		Middle	Previous Name(s)		Signature				
Mailing Address					Apt. #	Day Phone			Evening Phone			
						( ) -			( ) -			
City			State	Zip	E-mail Address							
					@							

## ADD A CLASS

Item #	Course & Course #	Credits	Overrides
			<input type="checkbox"/> Audit <input type="checkbox"/> Capacity <input type="checkbox"/> Prerequisite _____ Instructor
			<input type="checkbox"/> Audit <input type="checkbox"/> Capacity <input type="checkbox"/> Prerequisite _____ Instructor
			<input type="checkbox"/> Audit <input type="checkbox"/> Capacity <input type="checkbox"/> Prerequisite _____ Instructor
			<input type="checkbox"/> Audit <input type="checkbox"/> Capacity <input type="checkbox"/> Prerequisite _____ Instructor
			<input type="checkbox"/> Audit <input type="checkbox"/> Capacity <input type="checkbox"/> Prerequisite _____ Instructor
			<input type="checkbox"/> Audit <input type="checkbox"/> Capacity <input type="checkbox"/> Prerequisite _____ Instructor

- ***ONLY NEW STUDENTS OR STUDENTS RETURNING AFTER TWO OR MORE QUARTERS AWAY MUST COMPLETE THE REVERSE SIDE OF THIS FORM!***
- ***If you plan to receive a degree/certificate or apply for Financial Aid, you must submit all transcripts from previous institutions for evaluation.***
- ***Obtain official transcripts from all previous institutions and submit them with a Transfer of Credit Form to Enrollment Services in Bldg. 25.***

FINANCIAL AID USE ONLY	
Total credits before change: _____	<div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"></div> Processed Stamp
Total credits after change: _____	
_____ % REFUND <input type="checkbox"/> Student <input type="checkbox"/> Other	
_____	
Financial Aid Office Signature	

**Students on the Payment Plan or Financial Aid must obtain a signature on all schedule changes.**

<input checked="" type="checkbox"/> <b>PAYMENT PLAN REVIEWED</b>	<b>X</b> _____ <small>Payment Plan Staff Signature</small>
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*South Puget Sound Community College does not discriminate on the basis of color, race, national origin, sex, disability, sexual orientation or age in its programs and activities.*

Students who need disability accommodations should contact Disability Support Services in Bldg. 25, e-mail [dss@spsc.ccc.edu](mailto:dss@spsc.ccc.edu) or call 360-596-5394 or TTY 360-596-5439

\*\* To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Life Time tax credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college, however you may be subject to civil penalties (refer to Internal Review Service Treasury Regulation 1.6050S-1(e) (4) for more information. Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

**Enrollment Services**  
 2011 Mottman Rd. SW  
 Olympia, WA 98512  
[www.spfcc.edu](http://www.spfcc.edu)  
 Ph. (360) 596-5241  
 Fx. (360) 596-5709

<b>Which Race Do You Consider Yourself?</b> <i>(select up to 2)</i> [CD & CD2] <i>(Providing this information is voluntary)</i> <input type="checkbox"/> African American [872] <input type="checkbox"/> Alaska Native [015] <input type="checkbox"/> American Indian [597] <input type="checkbox"/> Chinese [605] <input type="checkbox"/> Filipino [608] <input type="checkbox"/> Japanese [611] <input type="checkbox"/> Korean [612] <input type="checkbox"/> Native Hawaiian [653] <input type="checkbox"/> Vietnamese [619] <input type="checkbox"/> White [800] <input type="checkbox"/> Other Asian [621] <input type="checkbox"/> Other Pacific Islander [681] <input type="checkbox"/> Other Race [799] <input type="checkbox"/> Specify: _____ [if blank-998]	<b>Citizenship</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you a U.S. citizen?</b> <b>If no, what is your visa status?</b> <i>Submit I-94, visa, or other documentation</i> <input type="checkbox"/> International Student [F or M visa- send to International Office] <input type="checkbox"/> Visitor [B1/B2] <input type="checkbox"/> Temporary Resident <i>Alien Number</i> _____ [T] <input type="checkbox"/> Immigrant/Permanent Resident <i>Alien Number</i> _____ [IM] <input type="checkbox"/> Refugee/Parolee or Conditional Entrant <i>Alien Number</i> _____ [RF] <input type="checkbox"/> Other <i>Explain</i> _____ [ZZ]	<b>What Is Your Intent For Attending College?</b> <i>(select only one)</i> <input type="checkbox"/> Earn an Associate of General Studies Degree [A] <input type="checkbox"/> Earn an Associate Degree [B] <input type="checkbox"/> Earn High School Diploma or GED [D] <input type="checkbox"/> Earn Associate in Technical Arts Degree (ATA) [F] <input type="checkbox"/> Improve Job Skills in Present Occupation [J] <input type="checkbox"/> For Leisure/ Personal Enrichment [L] <input type="checkbox"/> Review Basic Skills [E]																								
<b>Are You Of Spanish Or Hispanic Origin?</b> <i>(select only one)</i> [HISP CD] <i>(Providing this information is voluntary)</i> <input type="checkbox"/> No [999] <input type="checkbox"/> Cuban [709] <input type="checkbox"/> Mexican, Mexican American, Chicano [722] <input type="checkbox"/> Puerto Rican [727] <input type="checkbox"/> Other Spanish/Hispanic/Latino [717] <input type="checkbox"/> Specify: _____ [if blank-998]	<b>Residency</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Have you been a legal resident of Washington and lived in Washington continuously for the last 12 months?</b> <i>Students cannot qualify as legal residents of WA for tuition purposes if s/he possesses a valid out-of-state driver's license, vehicle registration or other documentation giving evidence of being a legal resident of another state.</i> <b>If no, how long have you lived continuously in the State of Washington?</b> _____ months <b>If no, also answer the following questions:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Were you claimed for federal income tax purposes by your mother, father, or your legal guardian in the current calendar year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>...in the past calendar year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Has your parent or legal guardian lived continuously in the State of Washington for the past 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you active duty or the dependant of active duty military stationed in Washington or an active member of the Washington National Guard?</b> <i>(Submit a copy of Military ID and orders)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Will a non-federal agency/institution outside the State of Washington provide you with financial assistance to attend?</b>	<b>Pick A Program Of Study.</b> <i>(select only one)</i> <input type="checkbox"/> Associate of General Studies [001] <input type="checkbox"/> Associate of Arts- DTA [003] <input type="checkbox"/> Associate of Business- DTA [004] <input type="checkbox"/> Associate in Science- Track 1 [007] <input type="checkbox"/> Associate in Science-Track 2 [008] <input type="checkbox"/> Associate in Elementary Education [ELEM] <input type="checkbox"/> Associate in Nursing (RN) [323] <input type="checkbox"/> Accounting- ATA [505] <input type="checkbox"/> Accounting Clerk- Certificate [505B] <input type="checkbox"/> Automotive Technology- ATA [712] <input type="checkbox"/> Automotive Technology- Certificate [712A] <input type="checkbox"/> Baking & Pastry Arts- Certificate [847] <input type="checkbox"/> Business Administration- ATA [502] <input type="checkbox"/> Business Operations- Certificate [502A] <input type="checkbox"/> Business Administration Financial Services- Certificate [267] <input type="checkbox"/> Clerk/Receptionist- Certificate [553A] <input type="checkbox"/> Computer Aided Drafting & Design- ATA [778] <input type="checkbox"/> Computer Manufacturing Technology- Certificate [607] <input type="checkbox"/> Computer Network Administration - ATA [527] <input type="checkbox"/> Computer Programming- ATA [515A] <input type="checkbox"/> Computer Programming Applications- ATA [518] <input type="checkbox"/> Computer Programming Web Design- Certificate [524A] <input type="checkbox"/> Computer Programming- AAS- T [515] <input type="checkbox"/> Culinary Arts- ATA [850] <input type="checkbox"/> Culinary Arts- Certificate [850A] <input type="checkbox"/> Database Management- ATA [503] <input type="checkbox"/> Dental Assistant- ATA [305] <input type="checkbox"/> Dental Assistant- Cert [305A] <input type="checkbox"/> Early Childhood Education- ATA [402] <input type="checkbox"/> Early Childhood Education- AAS-T [402B] <input type="checkbox"/> Fire Officer Degree- AAS- T [829] <input type="checkbox"/> Fire Emergency Services Technology- ATA [828] <input type="checkbox"/> Horticulture Tech- ATA [135] <input type="checkbox"/> Information Tech Desktop Support- ATA [514] <input type="checkbox"/> Legal Administrative Assistant- ATA [577] <input type="checkbox"/> Landscape Horticulture- Certificate [135] <input type="checkbox"/> Medical Administrative Assistant- ATA [565] <input type="checkbox"/> Medical Assisting- ATA [381] <input type="checkbox"/> Medical Assisting- Certificate [381A] <input type="checkbox"/> Medical Insurance Coding [313] <input type="checkbox"/> Medical Transcriptionist- Certificate [574A] <input type="checkbox"/> Practical Nursing (LPN)- Certificate [326] <input type="checkbox"/> Nursing Assistant (CNA)- Certificate [329] <input type="checkbox"/> Office Admin- Administrative Specialty- ATA [547] <input type="checkbox"/> Office Assistant- Certificate [559A] <input type="checkbox"/> Paraeducator- ATA [402A] <input type="checkbox"/> Paralegal- ATA [586] <input type="checkbox"/> Sustainable Plant Production- Certificate [135] <input type="checkbox"/> Web Administrative Specialty- ATA [524] <input type="checkbox"/> Welding - ATA [814] <input type="checkbox"/> Word Processing Specialist- Certificate [566A]																								
<b>Check The Box That Best Applies To You.</b> [SM5026] <b>1. How long do you plan to attend SPSCC?</b> <input type="checkbox"/> 1 quarter [11] <input type="checkbox"/> 2 quarters [12] <input type="checkbox"/> 1 year [13] <input type="checkbox"/> Up to 2 years, No degree planned [14] <input type="checkbox"/> Long enough to finish a degree [15] <input type="checkbox"/> Don't know [16] <input type="checkbox"/> Other [90] <b>2. What is your work status while attending?</b> <input type="checkbox"/> Full-time homemaker [11] <input type="checkbox"/> Full-time employment [12] <input type="checkbox"/> Part-time off campus [13] <input type="checkbox"/> Part-time on campus [14] <input type="checkbox"/> Not employed, but seeking job [15] <input type="checkbox"/> Not employed, not seeking job [16] <input type="checkbox"/> Other [90] <b>3. What is your level of prior education?</b> <input type="checkbox"/> Less than high school graduation [11] <input type="checkbox"/> GED [12] <input type="checkbox"/> High school graduate [13] <input type="checkbox"/> Some post high school [14] <input type="checkbox"/> Certificate (less than 2 years) [15] <input type="checkbox"/> Associate degree [16] <input type="checkbox"/> Bachelor's degree or above [17] <input type="checkbox"/> Other [90] <b>4. What is your family status?</b> <input type="checkbox"/> Single parent with children or other dependents in your care [11] <input type="checkbox"/> A couple with children or dependents in your care [12] <input type="checkbox"/> Without children or dependents in your care [13] <input type="checkbox"/> Other [90]	<b>Academic History</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Have you taken the GED test? If yes, year earned?</b> _____ [996] <table border="0"> <tr> <td><b>Name of last high school attended?</b></td> <td><b>What state?</b></td> <td><b>Last year attended?</b></td> <td><b>Graduate?</b></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><b>Name last college attended?</b></td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><b>Name other college attended?</b></td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	<b>Name of last high school attended?</b>	<b>What state?</b>	<b>Last year attended?</b>	<b>Graduate?</b>	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name last college attended?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name other college attended?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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_____			<input type="checkbox"/> Yes <input type="checkbox"/> No																							
<b>What Is Your Purpose for Attending College?</b> <input type="checkbox"/> Take courses related to work [11] <input type="checkbox"/> Transfer to a four-year college [12] <input type="checkbox"/> Earn high school diploma or GED [13] <input type="checkbox"/> Explore career direction [14] <input type="checkbox"/> Personal enrichment [15] <input type="checkbox"/> Other [90]	<b>Check The Box That Best Applies To You.</b> <i>(Providing this information is voluntary)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Have either of your parents earned a bachelor's (4-year) degree?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you a veteran interested in additional information on educational benefits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Have you been in Washington State foster care for at least one year since your 16th birthday? You may be eligible for additional financial aid.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Do you have a physical or mental impairment (i.e. hearing impaired, speech impaired, vision impaired, seriously emotionally disturbed, orthopedically impaired, specific learning disability) or other health impairment?</b>																									