



# REGISTRATION FORM

Use this form to complete a schedule change, late enrollment, audit, class overload and over 18 credit requests.

**Signatures required as indicated below.**

**TO BE COMPLETED BY THE STUDENT:**

Quarter:  Summer  Fall  Winter  Spring Year: \_\_\_\_\_ SID #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  Male  Female

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ITEM #	COURSE ID	# OF CREDITS	PUT AN "X" IN THE APPROPRIATE BOX		INSTRUCTOR APPROVAL (INITIAL AND DATE)				INSTRUCTOR SIGNATURE
			ADD	DROP	AUDIT	LATE ENROLLMENT	OVERLOAD CAPACITY	DATE	

Over 18 Credits Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Disclaimer: I wish to make a change to my schedule as noted above and understand that making this change may affect my financial aid in adverse ways (ie: loss of future financial aid, owe money back to the College, etc). I further understand that I should speak with a Hawk Center Specialist prior to processing.

LIMITATION OF LIABILITY: The College's total liability for claims arising from a contractual relationship with the student in any way related to classes of programs shall be limited to tuition and expenses paid by the student to the college for those classes or programs. In no event shall the college be liable for any special indirect, incidental, or consequential damages, including buy not limited to, loss of earnings or profits.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Processor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Gold Card (60 yrs and older)       Senior Fitness Only (55 to 59 yrs)  
*Driver's License/ID Required*  
 Community User - Fitness Center Only  
 Please complete the box below.

**Please mark one or more boxes to indicate what race you consider yourself to be.**

- |   |  |
|---|--|
| <input type="checkbox"/> White (800)                  | <input type="checkbox"/> Korean (612)                                  |
| <input type="checkbox"/> African American (870)       | <input type="checkbox"/> Japanese (611)                                |
| <input type="checkbox"/> American Indian (597)        | <input type="checkbox"/> Other Asian (621)                             |
| <input type="checkbox"/> Alaskan Native (015)         | <input type="checkbox"/> Other Race (Please specify) _____             |
| <input type="checkbox"/> Native Hawaiian (653)        | Are you of Spanish/Hispanic origin?                                    |
| <input type="checkbox"/> Other Pacific Islander (681) | <input type="checkbox"/> No (999)                                      |
| <input type="checkbox"/> Vietnamese (619)             | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano (722) |
| <input type="checkbox"/> Filipino (608)               | <input type="checkbox"/> Yes, Puerto Rican (727)                       |
| <input type="checkbox"/> Chinese (605)                | <input type="checkbox"/> Yes, Cuban (709)                              |
|   | <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino            |
|   | Please specify _____   |

	City	State	Year	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduated
<b>Last High School Attended</b>				
	City	State	Year	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduated
<b>Last College Attended</b>				

**What is your main long-term goal for attending Columbia Basin College?**

- 11 Take courses 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

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**Student Intent Codes:**

- |   |  |
|---|--|
| A --- General Studies Degree or Certificate | H --- Occupational Apprenticeship                |
| B --- Academic Transfer                     | J --- Occupational Supplement                    |
| D --- High School Diploma/GED Certificate   | K --- Vocational Home and Family Life            |
| E --- Development                           | L --- General Studies (no degree or certificate) |
| F --- Occupational Preparatory              | W --- Community Service                          |
| G --- Occupational Preparatory Applicant    | X --- Undecided                                  |
|   | Y --- None of the above                          |

**If NOT a U.S. Citizen, what is your immigration status?**

- Student (F-1)     Visitor     Immigrant/Permanent Resident (IM)  
 Other \_\_\_\_\_

**How long have you resided in Washington state?**

Years \_\_\_\_\_ Months \_\_\_\_\_

Were you financially independent from your parent or legal guardian for the previous calendar year?  Yes  No

If NO, how long has your parent or legal guardian resided in Washington state?

Years \_\_\_\_\_ Months \_\_\_\_\_

Are you active duty military, spouse or dependent child of same?  Yes  No

If YES, when was the active duty military person first stationed in Washington?

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Are you a higher education employee or dependent?  Yes  No

**Select only one best response for the following questions.**

How long do you plan to attend Columbia Basin 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 Don't know
- 90 Other

What is your current work status while attending college?

- 11 Full-time homemaker
- 12 Full-time employment (including self-employed 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 at entry to Columbia Basin College?

- 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's degree
- 17 Bachelor's degree or above
- 90 Other

What was your family status when you started at Columbia Basin College?

- 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