

# Mail/Fax Registration Form

## Clark College Registration Office

1933 Fort Vancouver Way  
Vancouver, WA 98663-3598  
360-992-2183, Fax 360-992-2876

- Fall 2008 Credit Courses
- Classes begin September 22, 2008

*Clark College* The Next Step

Print clearly using black or blue ink

Student's Social Security Numbers are used for limited purposes as authorized under state law SB5509.

<b>Student Identification Number:</b> □ □ □ - □ □ - □ □ □ □					<b>Social Security Number:</b> □ □ □ - □ □ - □ □ □ □																			
Last Name					Name					Middle Initial														
Address										Apt. No.					Day Phone ( ) ( )									
City										State					Zip					Evening Phone ( ) ( )				
Previous Last Name										Date of Birth					Email Address									

Res	Non Citz	Ore Bord	Vet	Gold Card	Empl Waiv	HS Cont	For Stu	Ref	Non Res	<b>STAMP</b> YRQ _____				
01/18	02/17	30	08/57	10	11/51	12/20	35	01/23	2/29					

### Completely fill in boxes.

#### A. Have you been a Washington resident for the last 12 months?

- Yes  No

#### B. What is your reason for enrolling? Check one box.

- A. Academic degree—not intending to transfer
- B. Intending to transfer to four-year college
- G. Waiting to enter vocational program
- F. Vocational degree/certificate
- J. Improve job skills in present occupation
- L. Personal enrichment
- D. High school diploma/GED
- X. Undecided

#### C. How will your coursework relate to your current or future work? Check one box.

11. Gain skills for a new job or career
12. Gain skills for my current job or career
13. Improve skills for a career change
14. Does not apply
90. Other

#### D. What is your main goal for attending this college? Check one box.

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

#### E. Are you a veteran?

- Yes  No

#### If yes, check one of the following:

1. Monthly benefits and reduced tuition
2. Monthly benefits, no reduced tuition
3. Reduced tuition only
4. No benefits, no reduced tuition
5. Dependent, monthly benefits

#### F. Are you a U.S. citizen?

- Yes  No

#### If no, check one of the following:

- Immigrant: Visa number \_\_\_\_\_
- Foreign Student:  
 F1  M1
- Refugee

#### If none of the above, check your visa type:

- E1  E2
- K1  K2
- T  B1
- B2  F2
- H2  J1
- J2  L1
- L2  M2
- Other

#### G. 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

### NOTICES:

- Donations to the Clark College Foundation may be made at the cashier's office.
- Mail/Fax registration will be accepted until Sept. 5, 2008 and will be processed in the order received as time permits after continuing/re-entry student registration.
- Mail your registration and payment to:  
**Clark College**  
**Registration Office, GH1 128**  
**1933 Fort Vancouver Way**  
**Vancouver, WA 98663-3598**
- Fax your registration to: 360-992-2876
- Course prerequisites will be enforced. Students may qualify for courses by taking the placement test, completing prerequisite coursework at Clark, or having documented prerequisite coursework from another institution.
- Grade information will be available for credit students approximately 8 days after final exams on student information kiosks or on the Web at [www.clark.edu](http://www.clark.edu).
- The Refund Policy is available on page 24 or at the Registration Office.

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 Revenue 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.

# Mail/Fax Registration Form

ClarkCollege *The Next Step*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

ITEM NO.	DEPT CODE	COURSE NUMBER	SECT.	CR.	BLDG/ ROOM	M	T	W	TH	F	S	HOURS	FACULTY/ADVISOR SIGNATURE
												AM PM	
												AM PM	
												AM PM	
												AM PM	
												AM PM	
												AM PM	
												AM PM	
												AM PM	
<b>TOTAL CREDITS REGISTERED</b>													

**Completely fill in boxes.**

Total credits \_\_\_\_\_  
 Total tuition (chart on p. 25) \$ \_\_\_\_\_  
 Total class fees \$ \_\_\_\_\_  
**TOTAL DUE** \$ \_\_\_\_\_

**PAYMENT: I have Financial Aid or sponsored Program Funding available**

Yes  
 Signature \_\_\_\_\_

**PAYMENT: Make checks payable to Clark College. Do not send cash. Paying by credit card will expedite processing when changes are necessary due to closed classes, etc. Please provide the following information:**

VISA  Mastercard  Discover  
 Card Number \_\_\_\_\_  
 Card Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_

Alternate format of this document is available upon request. Please contact Disability Support Services at 360-992-2314 or 360-992-2835 TTY

**A. Are you male or female?**

Male  Female

**B. Please indicate what race(s) you consider yourself to be:**

- 800. White
- 611. Japanese
- 619. Vietnamese
- 605. Chinese

- 872. African American
- 653. Native Hawaiian
- 681. Pacific Islander
- 612. Korean
- 597. American Indian
- 015. Alaska Native
- 608. Filipino
- 621. Other Asian
- 799. Other Race

\_\_\_\_\_  
 (please print)

**C. Are you Spanish/Hispanic/Litino Ethnicity? Check one box.**

- No
- 722. Yes, Mexican, Mexican American, Chicano
- 727. Yes, Puerto Rican
- 709. Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino

\_\_\_\_\_  
 (please print)

**D. How long do you plan to attend Clark College?**

- 11. One quarter
- 12. Two quarters
- 13. One year
- 14. One to two years
- 15. Long enough to complete a degree
- 16. I don't know
- 90. Other

**E.  Please check this box if you have been in Washington State foster care for at least one year since your 16th birthday.**

**F. What is your current work status?**

- 11. Full-time homemaker
- 12. Full-time employment
- 13. Part-time off-campus
- 14. Part-time on-campus
- 15. Not employed, but seeking employment
- 16. Not employed, not seeking employment
- 72. TANF
- 73. Low Income
- 80. Dislocated workers with substantial tenure
- 81. Short-term dislocated workers
- 82. Workforce training other
- 90. Other

**G. What is the highest level of education that you have completed?**

- 11. Less than high school graduate
- 12. GED
- 13. High school graduate
- 14. Some post high school, no degree or certificate
- 15. Certificate
- 16. Associate degree
- 17. Bachelor's degree or above
- 90. Other

**H. What is your family status?**

- 11. Single parent with children or dependents
- 12. Couple with children or dependents
- 13. Without children or dependents
- 90. Other

**STUDENT SIGNATURE** \_\_\_\_\_

(approval of classes)