Washington State COMMUNITY COLLEGE

Registration Form

LAST NAME | FIRST NAME | MI

SOCIAL SECURITY NUMBER

MAJOR_____

- ❑ NEW STUDENT
- ❑ CONTINUING (attending prior quarter - excluding summer)
- ❑ RETURNING (did not attend prior quarter or withdrew - excluding summer)
- ❑ TRANSFER (from another college)

ACADEMIC PERIOD

- ❑ FALL
- ❑ WINTER
- ❑ SPRING
- ❑ SUMMER

YEAR _____

CALL #	COURSE #	SECTION	COURSE NAME	CREDIT HOURS	AUDIT (✓)	PREREQ MET?

HAVE YOU BEEN AN OHIO RESIDENT FOR THE PAST YEAR? ❑ YES ❑ NO

ADVISOR SIGNATURE _____ STUDENT SIGNATURE _____ DATE _____

REGISTRAR'S COPY

OPR: RECORDS REV: 05/05