WASHINGTON STATE COMMUNITY COLLEGE

Veteran Registration Form

Instructions:

1. Meet with your Academic advisor to complete schedule and obtain Advisor Signature.
2. Meet with your Veterans Single Point of Contact, Barbi Cheadle to obtain 2nd signature.
3. Submit completed form to Records Office to complete registration.
4. Ask for two copies of your finalized schedule, one for your records, and one for Ren'ee Rector, School Certifying Official.
5. Leave finalized copy of schedule with an associate inside Student Services to submit to Ren'ee Rector.
6. You will receive an email from Ren'ee Rector notifying you that your certification was complete.

Full Legal Name _____

Student ID Number _____

Major(s) _____

Academic Term ☐ Fall 20_____ ☐ Spring 20_____ ☐ Summer 20_____

Have you been an Ohio resident for the past 12 months? ☐ Yes ☐ No

Student Type - Please check one of the following:

☐ **New Student**

☐ **Continuing/Returning** (have been previously/continuously enrolled at WSCC)

☐ **Transfer** (from another college; never attended WSCC)

Call Number	Course Number	Section	Course Name	Credit Hours	Audit (x)	PreReq Met?

_____ (initials) *By registering for classes at Washington State Community College, you incur and acknowledge a legal obligation to pay tuition and fees. You are not charged for classes for which you are on a waitlist. However, by agreeing to be placed on a waitlist, you acknowledge that you might be enrolled in the waitlisted class, without further notification, and you are responsible for any resulting tuition and fees. If you withdraw from your classes, you may be responsible for a portion or all of the original tuition and fees. You will not be administratively withdrawn from courses for non-attendance. You must officially cancel (drop) the courses you are not attending, or you will receive the failing grade at the end of the semester. Refer to the applicable Fee Payment Schedule for more detailed information about cancellation of registration, dropping of classes, applicable refund policies and other relevant policies.*

Student Signature _____ **Date** _____

Advisor Signature _____ **Date** _____

Single Point of Contact/SCO Signature _____ **Date** _____