

You may register by mail for non-credited courses or if you are a non-degree seeking student. Please print and answer all questions.

<b>Quarter &amp; Year</b> Summer <input type="checkbox"/> 1    Fall <input type="checkbox"/> 2    Winter <input type="checkbox"/> 3    Spring <input type="checkbox"/> 4    20 ____		Have you ever applied for or attended classes offered by this college? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when? _____		Will you attend? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Whidbey		Birthdate _____																																		
Student I.D. Number _____		Last name _____		First Name _____		Middle Initial _____		Name used during previous registration _____																																
Address (street or box number) _____				City and state _____		Zip code _____		Phone number Day _____ Evening _____																																
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnic origin (optional) 600 <input type="checkbox"/> Asian or Pacific Islander 870 <input type="checkbox"/> Black, not of Hispanic origin 935 <input type="checkbox"/> American Indian, or Alaskan Native 700 <input type="checkbox"/> Hispanic 800 <input type="checkbox"/> White, other, unknown		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 <input type="checkbox"/> Southeast Asia receiving benefits    3 <input type="checkbox"/> Southeast Asia not receiving benefits    5 <input type="checkbox"/> Dependent receiving benefits 2 <input type="checkbox"/> Receiving benefits not Southeast Asia    4 <input type="checkbox"/> Not receiving benefits																																		
All college credits earned <input type="checkbox"/> None <input type="checkbox"/> 1-45 credits <input type="checkbox"/> Over 45 credits		SSN _____		Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Course line #</th> <th>Dept.</th> <th>Course #</th> <th>Section</th> <th>Cr.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="4" style="text-align: right;"><b>Total cr =</b></td> <td>_____</td> </tr> </tbody> </table>					Course line #	Dept.	Course #	Section	Cr.																					<b>Total cr =</b>				_____	Name of Last high school attended Graduated? ( ) Yes ( ) No		Year _____		_____ <i>Signature</i>	
Course line #	Dept.	Course #	Section	Cr.																																				
<b>Total cr =</b>				_____																																				
					Other colleges, voc-tech, schools attended Graduated? ( ) Yes ( ) No		Year _____		_____ <i>Current date</i>																															

  

**How will your coursework relate to your current or future work?**

\_\_\_ 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

**What is your main long term goal for attending this community 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

**How long do you plan to attend SVC?**

\_\_\_ 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 this 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 Skagit Valley 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 Degree

\_\_\_ 17 Bachelor's Degree or above

\_\_\_ 90 Other

**What was your family status when you started at the community college? Were you... (select only one best response).**

\_\_\_ 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

**I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL STATEMENTS ON THIS FORM ARE TRUE**

1. If not a U.S. citizen, what type of Visa do you have?  
 [ ] Student [ ] Visitor [ ] Other [ ] Refugee/Parole    Immigrant "A" # \_\_\_\_\_  
 Conditional Entrant "A" # \_\_\_\_\_

2. Have you lived in the State of WA continuously for the last 12 months?  
 [ ] Yes [ ] No

3. How long have you lived continuously in WA State?  
 [ ] Yrs. [ ] Mos.

4. For the last calendar year, did your mother, father, or legal guardian claim you as a dependent on their income tax return?  
 [ ] Yes [ ] No

5. For this current calendar year, will your mother, father, or legal guardian claim you on their income tax return?  
 [ ] Yes [ ] No

6. If you were, or you will be claimed as a dependent on a federal income tax return, how long has your mother, father, or legal guardian lived in WA State?  
 [ ] Yrs. [ ] Mos.

7. Will you be receiving financial assistance from another state?  
 [ ] Yes [ ] No

8. Pre-college tests taken: [ ] ASSET [ ] None    When? \_\_\_\_\_

9. See *Health Insurance brochure* for details.  
 I have read the information on health insurance and **DO** want to enroll.  
 I have my own, or **DO NOT** want to enroll in health insurance.

**MAIL TO: SVC MAIL-IN REGISTRATION**  
**2405 EAST COLLEGE WAY**  
**MOUNT VERNON, WA 98273-5899**

Please use this form for registering by mail using a credit card — **complete the following authorization.**

**CREDIT CARD AUTHORIZATION**

MasterCard or  
 Visa Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's  
 Signature \_\_\_\_\_

**Attention military personnel:**

Are you active duty military or dependent of?     Yes     No

Military I.D. number \_\_\_\_\_ Exp. \_\_\_\_\_