

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

Quarter & Year				Have you ever applied for or attended classes offered by this college?				Will you attend?				Birthdate												
Summer <input type="checkbox"/> 1		Fall <input type="checkbox"/> 2		Winter <input type="checkbox"/> 3		Spring <input type="checkbox"/> 4		20 ____		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____		<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Whidbey										
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 2 <input type="checkbox"/> Receiving benefits not Southeast Asia		3 <input type="checkbox"/> Southeast Asia not receiving benefits 4 <input type="checkbox"/> Not receiving benefits		5 <input type="checkbox"/> Dependent 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.																
Course line #					Dept.					Course #					Section					Cr.				
										Name of Last high school attended										Year				
										Graduated? () Yes () No														
										Other colleges, voc-tech, schools attended										Year				
										Graduated? () Yes () No														
																				Signature _____				
																				Current date _____				
																				Total cr = _____				

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? _____ Immigrant "A" # _____
 Student Visitor Other Refugee/Parole 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. _____