

Student Identification Number _____

Quarter and year ____ Summer ____ Fall

Date of Birth

Today's Date

____ Winter ____ Spring 20_____

mm dd yy

How long have you lived continuously in the state of Washington? () Years () Months

Name (last, first, initial)

Previous last name

RES

FEE

Address

City

State

Zip

Do you have a diagnosed disability?

(Providing this information is voluntary) ____ No ____ Yes

Telephone: Primary

Secondary

E-mail address

Intent : What is your reason for attending OC? Check one:

- F Vocational—technical arts associate degree/certificate;
Program code required: _____
- J Improve job skills (PROG): _____
- H Apprentice: (604) or: _____
- G Nursing/PTA applicant or taking prerequisites
(PROG): _____
- I BSN applicant or taking prerequisites (32B)
- B Associate: academic degree- transfer to 4-yr university (AASB)
- A Associate: academic degree-not transferring to university (AASB)
- D High School Diploma or GED
- K Parent-Child Co-Op (010)
- E Adult Basic Education
- L Leisure/personal enrichment
- X Undecided
- Y Other

**Purpose: What is your goal for attending OC?
Check one:**

- 11 Take courses related to current/future work
- 12 Transfer to 4-year college/university
- 14 Explore career direction
- 15 Personal enrichment
- 13 High School Diploma or GED
- 90 Other

Student Type? Check one:

- 4 New student
- 1 Continuing student (attended last quarter)
- 2 Returning student (attended summer 1985 or after)
- 3 Former student (attended spring 1985 or before)

Are you active duty military or a dependent? ____ No ____ Yes

If Yes check one: (Must show ID each quarter)

- J Active duty military currently using TA
- K Active duty military
- L Active duty military dependent

Are you a veteran? ____ No ____ Yes If Yes check one:

- A Montgomery GI Bill (Ch 30)
- B Vocational Rehab & Employment Program (Ch 31 VR&E)
- C Veterans Educational Assistance Program (Ch 32 VEAP)
- D Post 911 (Ch 33)
- E Post 911 Transfer of benefits to eligible dependent (Ch 33)
- F Dependent of 100% disabled/deceased vet (Ch 35)
- G Chapter 1606 (MGIB Selected Reserve)
- H Chapter 1607 (Reserve Educational Assistance Program)
- X Other eligible veteran receiving benefits not listed
- Z Not receiving benefits

Item #	Course number and title EX: ENGL& 101 Composition	Time	Class Days	Credits	Course Entry Code	For "permission of instructor" classes, late adds (6th-10th day) or to over-ride prerequisites, instructor signature required. (NOT for Math classes)	DATE
		AM PM	M T W Th F Sa Arr				
		AM PM	M T W Th F Sa Arr				
		AM PM	M T W Th F Sa Arr				
		AM PM	M T W Th F Sa Arr				
		AM PM	M T W Th F Sa Arr				
		AM PM	M T W Th F Sa Arr				

Educational Advisor signature does NOT meet prerequisite requirements. Use "permission to enroll" section above.

Faculty/
Advisor Signature _____ **Advisor ID** _____ **Quarterly PIN** _____ **Global PIN** _____

Official use only:

Total Cr. _____ **Tuition** _____ **Fees** _____ **Financial Aid** _____ **Amount Due** _____ **Initials** _____

New Student Information

Emergency contact: _____

Phone: _____

Student Gender: Male Female

(Answering questions 1, 2, or 3 is voluntary and will not affect consideration for admission.)

1. Are you of Spanish/Hispanic/Latino ethnicity? Check one:

- No
 - Yes, Mexican, Mexican American, Chicano 722
 - Yes, Cuban 709
 - Yes, Other Spanish 730, Hispanic 717, Latino 720
- (Please specify) _____

2. Please check one or more options below to indicate what race you consider yourself to be. Check one:

- 872 African American
- 015 Alaska Native
- 597 American Indian
- 605 Chinese
- 608 Filipino
- 611 Japanese
- 612 Korean
- 653 Native Hawaiian
- 681 Other Pacific Islander
- 621 Other Asian
- 619 Vietnamese
- 800 White
- Other Race (Please Specify) _____

Check here if you have been in Washington State foster care for at least one year since your 16th birthday. You may be eligible for additional financial aid.
(For office use: SM5003, F\$)

3. Are you a US citizen? Yes No

If not, what is your status? Check one:

- IM Immigrant/Permanent Resident (holds green card)
_____ Alien No.
- RF Parolee/Refugee _____ Alien No.
- BI Business/Tourist Visitor*
- FI International Student Visa (F or M Visa)
- JI Exchange Visitor/Au Pair*
- ZZ No documentation*
- Other Visa, please specify _____
*zero credit only.

4. High school graduate? Yes No GED

Last High School in WA? Yes No
Name of High School _____
Last calendar year attended? _____

5. Highest level of education completed by your parent or parents:

Mother:

- A. Less than high school B. High school
- C. 2 yr college D. 4 yr college or more
- E. Unknown F. Other

Father:

- G. Less than high school H. High school
- I. 2 yr college J. 4 yr college or more
- K. Unknown L. Other

6. Last college attended other than OC?

Name: _____
Was the college a 2 year 4 year
Last college in WA Yes No
College graduate Yes No

7. How long do you plan to attend? Check one:

- 11 One quarter
- 12 Two quarters
- 13 One year
- 14 Up to two years
- 15 Long enough to complete a degree or certificate
- 16 Do not know
- 90 Other

8. What is your current work status? Check one.

- 11 Full-time homemaker
- 12 Full-time employment
- 13 Part-time off campus
- 14 Part-time on campus
- 15 Unemployed, but seeking employment
- 16 Unemployed, not seeking employment
- 90 Other

Office Use: Workforce Development
Code * _____ Initials _____
*never A or B intent or AASB program

9. What is your highest level of education? Check one:

(For office use only: never change an 83)

- 11 Less than high school graduate
- 12 GED
- 13 High school graduate
- 14 Some post high school, no degree/certificate
- 15 Certificate (less than 2 yrs)
- 16 Associate degree
- 17 Bachelor degree or above
- 90 Other

10. What is your family status? Check one:

- 11 I am a single parent with children/dependents
- 12 Couple with children/dependents
- 13 I do not have any children/dependents
- 90 Other