

Student Identification Number _____

Name (last, first, initial) _____

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

RES _____ FEE _____

____ Summer ____ Fall ____ Winter ____ Spring 20____

Previous last name _____

e-mail: _____

Address _____ City _____ State _____ Zip _____

Do you have a diagnosed disability?
(Providing this information is voluntary) ____ No ____ Yes

Phone: _____ Cell: _____

Date of birth
mm dd yy

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

- F Professional/Technical Program
Program code required: _____
- J Upgrading Job Skills: _____
- F Apprentice (604A) ____ F Helper (604C)
- G Nursing/PTA applicant or taking prerequisites
(Program code): _____
- G BS/BAS applicant/taking prerequisites:
Program _____ (32B-BSN/5BS IS/2BA OLTM/28B DF)
- B Associate: Academic Transfer to 4-yr university
(Program code required): _____
- A Associate: Academic **Non-Transfer** Degree (AAT required)
- D High School Diploma/GED/ABE/ESL
- L Non-Award Seeking Student
- Y Other/None of the above

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)

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

Are you a veteran or did you serve in the U.S. Armed Forces?

- ____ No (0) ____ Yes If Yes check one below:
- 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 TOE dependent child (Ch 33)
 - F Dependent Child of 100% disabled/deceased vet (Ch 35)
 - G Chapter 1606 (MGIB Selected Reserve)
 - H Chapter 1607 (Reserve Educational Assistance Program)
 - M Post 911 TOE Eligible Spouse (Ch 33)
 - N Eligible Spouse 100% disable/deceased vet (Ch 35)
 - 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	Instructor signature for permission, late add through 10th day, prerequisite over-ride. (Not for Math prerequisite over-ride).	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				

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** _____

All information in response to these optional questions will be maintained in strict confidence: (SM2004)

What is your sexual orientation? ____ (23) Straight/Heterosexual ____ (72) Bisexual ____ (99) Gay ____ (21) Lesbian ____ (28) Queer ____ (01) Other ____ (57) Prefer not to answer

What is your gender identity? ____ (22) Feminine ____ (77) Masculine ____ (52) Androgynous ____ (35) Gender neutral ____ (27) Transgender ____ (01) Other ____ (57) Prefer not to answer

New Student Information

Emergency contact: _____

Phone: _____

Student Gender: Male Female

(Answering questions 1, 2 and 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
- 799 Other

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 Other or 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

Last calendar year attended? _____

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 _____
<small>*never A or B intent or AAT program</small>

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

- 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