



Clatsop Community College

Non-Degree Seeking Registration

Circle the Term: Summer Fall Winter Spring

Social Security Number/CCC ID#

Email

Telephone

Last Name (Full Legal Name)

First Name

M.I.

Date of Birth

Street Address

City

State

Zip

County

Ethnicity

- American Indian/Alaska Native
- Asian/Pacific Islander/Filipino
- Black, Non-Hispanic
- Caucasian
- Hispanic
- Other
- Do Not Wish to Provide

Gender: Male Female

Veteran: Yes No

Name of Course	CRN	Course Number	Day & Time

Please indicate which course(s) the student will be enrolling in.

If you are under 18, additional permissions are required before you can register for class.

Information on this form regarding enrollment and your name is used in student directory information. Directory information may

Student Signature _____ Date _____

Submit completed form:

In person: Student Services Welcome Center, Columbia 109 ♦ (503) 338-2411

Mail: Welcome Center, Clatsop Community College, 1651 Lexington Ave, Astoria, OR 97103

Email: registration@clatsopcc.edu

Clatsop Community College is an affirmative action, equal opportunity institution.