

# CLATSOP COMMUNITY COLLEGE

## REGISTRATION & SCHEDULE CHANGE FORM

Student ID# \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_ Gender  Male  Female  
Last First Middle

Fall 20\_\_\_\_  
 Winter 20\_\_\_\_  
 Spring 20\_\_\_\_  
 Summer 20\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Social Security Number

Birthdate \_\_\_\_\_ E-mail Address \_\_\_\_\_

If you were previously an admitted student at CCC but have not attended in the past year, check here

**Residency** *Required for tuition purposes*

In State US Citizen (Resident of OR, CA, ID, WA, or NV.)

Out of State:

- Maintain Alaska Residency
- US citizen outside of OR, CA, ID, WA or NV
- International student (requires I-20)
- Immigrant  Refugee  Other

Veteran:  Yes  No

Employed:  Yes  No  Retired  
 If yes,  FT (35+hrs)  PT (<35hrs)

**Education:**

- High School Graduate
- GED
- Adult High School Diploma
- Still in High School
- Did not finish High School
- Associates
- Bachelors
- Masters
- Doctorate

**Ethnicity**

- American Indian/Alaska Native
- Asian/Pacific Islander/Filipino
- Black, Non-Hispanic
- Caucasian
- Non US Citizen
- Hispanic
- Do not wish to provide

**Current Residence**

- Astoria City Limits
- Cannon Beach/Arch Cape/Tolovana Park
- Clatskanie/Westport
- Cullaby Lake/Sunset Beach/Surf Pines
- Gearhart
- Hamlet/Elsie/Jewell
- Knappa/Svensen/Fernhill
- Lewis & Clark/Youngs River/Jeffers Garden
- Olney/Walluski
- Pacific/Wahkiakum County
- Seaside
- Tongue Point
- Warrenton/Hammond
- Other

*Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your social security number will not be given to the general public. If you choose not to provide your social security number, you will not be denied any rights as a student. Please read the statement in the Academic Information section of your class schedule which describes how your number will be used. Providing your social security number means that you consent to use of the number in the manner described.*

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

*Directory information is student information that may be released by the College without written authorization. Refer to our college catalog for the current policy.*

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

***If you have a documented disability and would like accommodations, contact the Disability Specialist located in the Student Services Center at (503) 338-2474.***

Initial registration this term or  Add classes to current schedule (check the "Audit" box and circle the CRN # if you are auditing a class)

| 4-Digit CRN # | Audit | Course Title | Credits | Instructor Signature <small>(required for late reg.)</small> |
|---------------|-------|--------------|---------|--|
|               |       |              |         |  |
|               |       |              |         |  |
|               |       |              |         |  |
|               |       |              |         |  |
|               |       |              |         |  |
|               |       |              |         |  |
|               |       |              |         |  |

Drop classes from current schedule

| 4-Digit CRN # | Audit | Course Title | Credits | Instructor Signature |
|---------------|-------|--------------|---------|----------------------|
|               |       |              |         |                      |
|               |       |              |         |                      |
|               |       |              |         |                      |
|               |       |              |         |                      |
|               |       |              |         |                      |

**FINANCIAL RESPONSIBILITY:** I understand that by registering for a class at Clatsop Community College, I have incurred a legal obligation to pay all tuition and fees and any other charges relating to my enrollment at the College. I understand that unless I officially withdraw from my classes that I am obligated to make payment by the due date published in the relevant term schedule. If I do not make payment, make arrangements for payment, withdraw from my classes by the required date, I will also be responsible for additional late charges, and collection and attorney's fees.

*I authorize Clatsop Community College to use my social security number to verify enrollment and/or degree information with the National Student Clearinghouse.*

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Advisor Signature

\_\_\_\_\_  
 Date