



Non-Degree Seeking Registration

Term: Summer Fall Winter Spring

Social Security Number/CCC ID#

Email

Telephone

Last Name (Full Legal Name)

First Name

M.I.

Birthdate

Street Address

City

State

Zip

Ethnicity

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

Gender: Male Female Non-Binary

Veteran: Yes No

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

Course Number/CRN	Section	Credit (If Applicable)

*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 be released by the College without written authorization. If you wish to not have your information released without your permission you can fill out a **Directory Exemption** form at the Student Services Welcome Center.

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