



SPECIAL STUDENT REGISTRATION FORM

Please complete ALL fields.

Evergreen ID# A \_\_\_\_\_ Chosen Name \_\_\_\_\_

Legal Name \_\_\_\_\_

Mailing \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Alt. # (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female

Are you a U.S. Citizen?  Yes  No Nationality: \_\_\_\_\_ WA Resident:  Yes  No Resident Since (MM/YY): \_\_\_\_\_

Are you Hispanic in origin?  Yes, I am Hispanic in Origin. (Select one or more): (H10)  No, I am non-Hispanic in origin. (H20)
 Colombian (707)  Dominican (710)  Honduran (718)  Nicaraguan (723)  Puerto Rican (727)  Uruguayan (734)  Venezuelan (735)
 Costa Rican (708)  Ecuatorian (Ecuadorian) (711)  Mexican or Mexican-American (Chicano) (722)  Panamanian (724)  Salvadoran (712)  Other Hispanic Origin (H10): \_\_\_\_\_
 Cuban (709)  Guatemalan (716)  Peruvian (726)  Spanish (730) \_\_\_\_\_

How do you describe your race? (Select one or more):
American Indian (Select one or more):
 Chehalis (020)  Hoh (052)  Lummi (028)  Port Gamble Klallam (025)  Sauik-Suiattle (038)  Spokane (160)  Swinomish (047)
 Chinook (055)  Jamestown (023)  Makah (053)  Puyallup (036)  Shoalwater (492)  Squaxin Island (043)  Tulalip (048)
 Colville (159)  Kalispel (156)  Muckleshoot (034)  Quileute (051)  Skokomish (079)  Steilacoom (044)  Upper Skagit (039)
 Cowlitz (027)  Kikillus (032)  Nisqually (035)  Quinault (050)  Snohomish (041)  Stillaguamish (045)  Yakama (078)
 Duwamish (031)  Lower Elwha (024)  Nooksack (029)  Samish (037)  Snoqualmie (042)  Suquamish (045)
 Other American Indian (R13): \_\_\_\_\_
Alaska Native (Select one or more):
 Alaska Aleut (Unangan) (941)  Alaska Athabaskan (014)  Alaska Eyak (943)  Alaska Tlingit (017)  Other Alaska Native (950): \_\_\_\_\_
 Alaska Alutiiq (942)  Alaska Eskimo (Inupiaq or Yupik) (935)  Alaska Haida (016)  Alaska Tsimshian (018) \_\_\_\_\_
Asian (Select one or more):
 Asian Indian (600)  Cambodian (Kampuchean) (604)  Indonesian (610)  Madagascar (639)  Nepali (635)  Taiwanese (606)  Vietnamese (619)
 Bangladeshi (601)  Chinese (605)  Japanese (611)  Malayan (614)  Pakistani (616)  Thai (618)  Other Asian (R20): \_\_\_\_\_
 Bhutanese (602)  Filipino (608)  Korean (612)  Maldivian (634)  Singaporean (637)  Sri Lankan (617) \_\_\_\_\_
 Burmese (603)  Hmong (609)  Laotian (613)  Mongolian (624) \_\_\_\_\_
Black or African American  (R30)
Native Hawaiian or Other Pacific Islander (Select one or more):
 Fijian (676)  Marshall Islander (662)  Papua New Guinean (678)  Tahitian (656)  Trukese (Chuukese) (674)
 Guamanian (660)  Micronesian (669)  Ponapean (Pohnpeian) (670)  Tarawa Islander (672)  Vanuatuan (New Hebrides Islander) (680)
 Kosraean (667)  Native Hawaiian (653)  Samoan (655)  Tokelauan (659)  Yapese (675)
 Mariana Islander (661)  Palauan (663)  Solomon Islander (679)  Tongan (657)  Other Pacific Islander (R40): \_\_\_\_\_
White (includes people of European, Middle Eastern, or North African descent)  (R50)



**the evergreen  
state college**

# SPECIAL STUDENT REGISTRATION FORM

Please complete ALL fields.

Have you previously attended classes at Evergreen?  No  Yes, last quarter attended: \_\_\_\_\_

Last School Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ City/State \_\_\_\_\_  
 \_\_\_\_\_  
 Ending Period (MM/YY) \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Are you a military veteran?  YES  NO Are you eligible for federal dependent/veteran benefits?  YES  NO

| FOR OFFICIAL USE ONLY   |                                       |   |                             |
|---|---------------------------------------|---|-----------------------------|
| <input type="checkbox"/> NonResident  | <input type="checkbox"/> Resident     | <input type="checkbox"/> UG             | <input type="checkbox"/> GR |
| TOTAL CREDITS _____   | Late fee? <input type="checkbox"/> NO | <input type="checkbox"/> YES \$50 \$100 |                             |
| Student Accounts  |                                       |   |                             |
| OK to reg? <input type="checkbox"/> YES <input type="checkbox"/> NO _____         |                                       |   |                             |
| Financial Aid   |                                       |   |                             |
| Eligibility Review <input type="checkbox"/> YES <input type="checkbox"/> NO _____ |                                       |   |                             |

## ADD REGISTRATION

| OFFERING TITLE | FACULTY SIGNATURE<br>IF REQUIRED OR ADDING AFTER THE QUARTER BEGINS | CRN<br>Course Reference Number | QUARTER<br>Fall, Winter, Spring, Summer | NUMBER<br>OF CREDITS |
|----------------|---|--------------------------------|---|----------------------|
|                |   |                                |   |                      |
|                |   |                                |   |                      |
|                |   |                                |   |                      |

## DROP REGISTRATION

| OFFERING TITLE | CRN<br>Course Reference Number | QUARTER<br>Fall, Winter, Spring, Summer | NUMBER<br>OF CREDITS |
|----------------|--------------------------------|---|----------------------|
|                |                                |   |                      |
|                |                                |   |                      |
|                |                                |   |                      |

Emergency Contact \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Evergreen will release directory information such as permanent and local address(es), telephone number, enrollment confirmation and degree if earned, to outside inquires upon request unless you indicate confidentiality. If you wish to keep your information confidential, please ask for the Request for Confidentiality of Directory Information form.

I understand and accept the registration and payment policies of The Evergreen State College.

Signature \_\_\_\_\_ Date \_\_\_\_\_

| FOR OFFICIAL USE ONLY |            |
|-----------------------|------------|
| INITIAL _____         | DATE _____ |