



REGISTRATION (ADD/DROP)

All new students must complete reverse side of this form

PRINT CLEARLY • COMPLETE ALL UNSHADED AREAS • SIGN

Student ID Number (SID)* <input style="width:100%;" type="text"/>		<input type="checkbox"/> SUM <input type="checkbox"/> FALL <input type="checkbox"/> WTR <input type="checkbox"/> SPR For year 20 _____		Did you attend LWTC before? <input type="checkbox"/> No <input type="checkbox"/> Yes, in year: _____		Day Phone () ()		Evening Phone () ()	
Last Name (Family Name)			First Name (print clearly as many letters as fit)				Middle Initial (if any)		
Address — Number & Street, Route & Box or P.O., or Apt #					E-mail address (print clearly)				
City					State	Zip Code		Date of Birth (MM/DD/YYYY; for example 07/30/1980)	
Do you have a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No					How will your course work relate to your current or future work? (Check one.) <input type="checkbox"/> 11 Gain skills for a new job or career <input type="checkbox"/> 12 Gain skills for my current job or career <input type="checkbox"/> 13 Improve skills for a career change <input type="checkbox"/> 14 Does not apply <input type="checkbox"/> 90 Other				
REQUESTED CLASS SCHEDULE (ADDS OR DROPS) Valid item numbers must be provided. See Class Schedule or go to http://www.lwtc.ctc.edu/studenttoolbox .					What is your main long-term purpose for attending this college? (Check one.) <input type="checkbox"/> 11 Take courses related to current or future work <input type="checkbox"/> 12 Transfer to a 4-year college and earn a degree <input type="checkbox"/> 13 High school diploma or GED <input type="checkbox"/> 14 Explore career direction <input type="checkbox"/> 90 Other				
Circle A = Add or D = Drop	Item No. Example: 9565	Course Department & Number Example: ENGL 101D	Credits – only for variable credit		PAYMENT DEADLINE - When registering for courses you are obligated to pay the tuition and fees for those classes on the first day of the quarter. Students are encouraged to pay at the time of registration or to enroll in the payment plan program. If you enroll in a payment plan you must withdraw by the scheduled refund dates to receive the level of refunds outlined in the college's refund policy. Students who enroll after the first day of the quarter must pay tuition and fees at the time of registration. Students with tuition and fees that have not been received by the end of the 5th day of the quarter are subject to being dropped from classes. Unpaid balances may be subject to collections and you may be responsible for any collection and legal fees.				
A or D	<input type="text"/>								
A or D	<input type="text"/>								
A or D	<input type="text"/>								
A or D	<input type="text"/>								
A or D	<input type="text"/>								
A or D	<input type="text"/>								
Advisor Signature (degree/cert. students)		Student Signature		Date		Registration staff use only – initial and date		Agent of registrar Date reg. form received _____ Printed name _____	

*Your SID is a college-assigned number unrelated to your social security number (SSN). To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Life Time tax credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e)(4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure. **Your SSN will not be used as your SID.** If you are a new student, an SID will be assigned to you. The college provides equal opportunity in education and does not discriminate on the basis of age, color, national origin, sex or disability.
Registration Form (rev 03/27/2009)

INSTRUCTIONS:

Complete the sections below if:

- You are a new student (never registered before at Lake Washington Technical College);
- **OR** your citizenship, permanent resident, refugee, or visa information changes;
- **OR** College staff require the information to verify, update, or complete required data for your records.

CITIZENSHIP – Complete ONE category only.

U.S. Citizen? Yes; No **If no, go to next line.**

Resident alien? Yes; No **If yes, alien number:**
Refugee? Yes; No **If yes, I-94 number:**
If no to both, go to next line.

If none of the above, **Visa type** (example, H-4):
If no visa, go to next line.

Other status in the U.S.? Explain:

WHAT RACE DO YOU CONSIDER YOURSELF TO BE? – Please mark only one box.

- White/Caucasian (800)
- Black/African-American (870)
- Alaskan Native or American Indian (597)
- Asian or Pacific Islander (621)
- Spanish or Hispanic Yes (717) No (999)
- Multicultural _____(799)
(Parents represent different racial ethnic groups.)
- Other race (998)

REASON FOR ENROLLING – Check only one.

Note: if you are pursuing a degree or certificate, you must apply for admission.

- | | |
|---|---|
| <input type="checkbox"/> F Associate (AAS) degree. Program (major):
_____ | <input type="checkbox"/> G Applicant |
| <input type="checkbox"/> F Certificate. Program (major):
_____ | <input type="checkbox"/> J Improve job skills |
| <input type="checkbox"/> B College/university transfer | <input type="checkbox"/> K Home, family life (e.g. parent education) |
| <input type="checkbox"/> E Adult Basic Education | <input type="checkbox"/> L Personal enrichment |
| <input type="checkbox"/> D Obtain HS diploma or GED certificate | <input type="checkbox"/> M See if I do well |
| | <input type="checkbox"/> X Undecided |
| | <input type="checkbox"/> Y Other _____ |

MEDICAL INSURANCE (Informational Only)

Depending on your program, Medical Insurance may be required. Training may require simulated, hands-on work experience.

You may purchase student accident insurance for a minimum sum. See Enrollment Services for further information.

SEX Male Female

WASHINGTON STATE OUTCOMES – Check one response per question. The State of Washington requires the college to collect this information.

How long do you plan to attend this college?

- 11. One quarter
- 12. Two quarters
- 13. One year
- 14. Up to two years no degree planned
- 15. Long enough to complete a degree
- 16. Don't know
- 90. Other

What is your current work status while attending?

- 11. Full-time homemaker
- 12. Full-time employment
- 13. Part-time off-campus
- 14. Part-time on-campus
- 15. Not employed, seeking employment
- 16. Not employed, not seeking employment
- 90. Other

What is your prior level of education at entry to LWTC?

- 11. Less than high school graduation
- 12. GED
- 13. High school graduate
- 14. Some post high school, but no degree or certificate
- 15. Certificate (less than two years)
- 16. Associate degree
- 17. Bachelor's degree or above
- 90. Other

What was your family status when you started at LWTC?

Were you ...

- 11. A single parent with children or other dependents in your care.
- 12. A couple with children or other dependents in your care.
- 13. Without children or other dependents in your care.
- 90. Other

College staff use only: