



**SPECIAL STUDENT REGISTRATION FORM—Summer Quarter 2005**

Undergraduate  Graduate

Name: \_\_\_\_\_  
Last First Middle Former

ID#: \_\_\_\_\_ **DO YOU WISH TO ALLOW RELEASE OF YOUR DIRECTORY INFORMATION?**  Yes  No

SSN: \_\_\_\_\_ (Note: Your SSN is used for financial and transcript purposes.)

**Mailing Address(es):** The local mailing address on file is essential and must be accurate. Notify the Registration and Records Office immediately of any address change(s). Address changes can be completed in person or by telephone. **Billing Address:** The Student Accounts Office can mail bills to a separate billing address. Notify them if you want that service. Student Accounts must be notified if the billing address is to be changed.

**\*INDICATES REQUIRED INFORMATION. PLEASE COMPLETE ALL FIELDS PRIOR TO TURNING IN FORM(S).**

**\*Local:** \_\_\_\_\_  
Address City State Zip

**\*Phone(s):** \_\_\_\_\_ **\*E-mail** \_\_\_\_\_  
Home Business

Male  Female **\*Race/Ethnicity**  African-American  American Indian  Asian or Pacific **\*U.S. Citizen?**  Yes  No  
 Hispanic/Latino  White/Caucasian  Other

**\*Date of Birth** (MM/DD/YY) \_\_\_\_\_ Nationality \_\_\_\_\_

**\*Campus:**  Grays Harbor  Olympia  Tacoma  Tribal **\*Washington Resident:**  Yes, from \_\_\_\_\_ (MM/YY) to present  No

**\*Emergency Contact:** \_\_\_\_\_  
Name Relationship Address City State Zip Phone

**\*Last school attended:** \_\_\_\_\_  
Name of School City State Ending Period (MM/YY) Diploma/Degree

**\*Have you previously attended Evergreen?**  Yes  No Period of last enrollment: \_\_\_\_\_

Faculty signature if required by faculty member as a prerequisite	*Class Title	*CRN (Course Reference Number)	Summer (Indicate number of credits)

Total Credits:

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

\_\_\_\_\_  
\*Student Signature \*Date

For Registration Use	
Initials	Date