



SPECIAL STUDENT REGISTRATION FORM

FALL WINTER SPRING SUMMER _____ Year Undergraduate Graduate

Campus: Grays Harbor Olympia Tacoma Tribal

Please complete ALL fields prior to turning in form.

ID#: A _____ Social Security Number: _____

Name: _____

Last First MI
Date of Birth: _____ **Phone:** _____

Alternate Email (Evergreen Email is primary email): _____

Local: _____

Address

 City State Zip

Emergency Contact: _____

Name Relationship Phone

 Address City State Zip

Last School Attended: _____

Name of School

 City State Ending Period (MM/YY) Diploma/Degree

ADD: Faculty Member Signature (If required by faculty or beginning Week 1)	Title	CRN (Course Reference Number)	F	W	SP	SU

DROP:	Title	CRN	F	W	SP	SU

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

TOTAL CREDITS:

Student Signature _____ **Date** _____

3/07 With Record: SAAQUIK; SOAHSCH or SOAPCOL (if available); SAVE; SGAUSDF Element 3; Check SOAHOLD; SFAREGS
 Without Record: SAAQUIK after thorough search Generate ID; SPAIDEN; SPAEMRG; SPAPERS; back to SAAQUIK and all above; SFAREGS

Male Female

US Citizen: Yes No Nationality: _____

WA Resident: Yes No Since: _____ (MM/YY)

Ethnicity:
 Are you of Spanish/Hispanic/Latino origin? YES NO
 Cuban(709) Mexican/Chicano(722)
 Puerto Rican(727) Other: _____

Race:
 Asian Indian(600) African American(870) Caucasian(800)
 Chinese(605) Filipino(608) Guamanian/Chamorro(660)
 Japanese(611) Korean(612) Native Hawaiian(653)
 Samoan(655) Vietnamese(619)
 Other Pacific Islander: _____
 Other Asian: _____
 Native American Tribe: _____
 Other: _____

*** Evergreen will release directory information to outside inquiries upon request unless you indicate confidentiality.**
 Do you want your Directory Information: Available Confidential

Student Account/Financial Aid Use Only:		Registration Use Only:	
Level: Undergraduate	Graduate	Initial	Date
Resident	Non-resident		
Initial	Date		