



evergreen

SPECIAL STUDENT REGISTRATION FORM

Please complete ALL fields.

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

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

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

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

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

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)
 Burmese (603)  Hmong (609)  Laotian (613)  Mongolian (624)  Sri Lankan (617)
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)



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## 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

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<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/DROP REGISTRATION

ADD or DROP	OFFERING TITLE	FACULTY SIGNATURE ONLY <small>IF REQUIRED OR ADDING AFTER THE QUARTER BEGINS</small>	CRN <small>Course Reference Number</small>	QUARTER <small>Fall, Winter, Spring, Summer</small>	NUMBER OF CREDITS

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name

Relationship

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

### Financial Responsibility Agreement - Academic Year 2021-2022

By registering for classes at the Evergreen State College, I promise to pay all assessed tuition and fees as a result of all current and future registrations, unless I cancel prior to the sixth day of the term. If I do not cancel my classes by the fifth day of the quarter, I understand that I will be held responsible for paying all or some portion of tuition and fees based on my date of withdrawal. I also promise to pay any additional charges I incur including but not limited to charges for room, board, parking, and class materials and any other departmental or college charges. Additionally, in accordance with the Washington State RCW 43.17.240, a one percent monthly interest is charged on past-due balances.

I understand that the Evergreen State College is advancing value to me in the form of educational services and that my right to register is expressly conditioned upon my agreement to pay the costs of tuition and fees and any additional costs when those charges become due. I understand that, regardless of my eligibility for financial aid, I am personally responsible for the full amount assessed to me as a result of my registration and attendance.

In the event I default on this agreement and it becomes necessary to place my account with a collection agency I agree to reimburse the fees of any collection agency, which may be based on a percentage of up to 33 and 1/3 of the debt, and all costs, expenses and interest, including reasonable attorney's fees, the Evergreen State College incurs in such collection efforts.

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 \_\_\_\_\_

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INITIAL _____	DATE _____