



**the evergreen
state college**

REGISTRATION FORM

Please complete ALL fields.

new student on leave continuing

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	
OK to reg? <input type="checkbox"/> YES <input type="checkbox"/> NO _____	

Evergreen ID# **A** _____

Legal Name _____
Last First Middle

ADD	OFFERING TITLE	Faculty Signature <i>(If required by faculty or adding after the quarter begins)</i>	CRN <i>(Course Reference Number)</i>	number of credits per quarter			
				F	W	S	SU

DROP	OFFERING TITLE	CRN <i>(Course Reference Number)</i>	number of credits per quarter			
			F	W	S	SU

Evergreen will release directory information to outside inquiries upon request unless you indicate confidentiality. Evergreen defines directory information as the student's: name, address, telephone number, place and date of birth, major or field of study, dates of attendance, degrees received, participation in sports, and most recent educational institution attended. **Do you allow Evergreen to release directory information?** YES, ALLOW NO, CONFIDENTIAL

TOTAL CREDITS

Mailing Address _____ City _____ State _____ Zip _____

Phone (____) _____ Alt. # (____) _____ E-Mail _____

Emergency Contact _____ Name/Relationship _____ Phone (____) _____

Address _____

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

Signature _____ Date _____

FOR OFFICIAL USE ONLY	
INITIAL _____	DATE _____