

SPECIAL STUDENT REGISTRATION FORM

Have you previously attended classes at Evergreen? No Yes, last quarter attended: _____

FALL WINTER
 SPRING SUMMER YEAR _____

Evergreen ID# **A** _____

Legal Name _____

Mailing Address _____
 Last First Middle City State Zip

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

Social Security Number _____ Date of Birth _____

Sex: Male Female

Are you a U.S. Citizen? Yes No Nationality: _____

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

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

Are you Hispanic in origin? Yes, I am Hispanic in Origin. (Select one or more): (H10) No, I am non-Hispanic in origin. (H20)

<input type="checkbox"/> Colombian (707)	<input type="checkbox"/> Dominican (710)	<input type="checkbox"/> Honduran (718)	<input type="checkbox"/> Nicaraguan (723)	<input type="checkbox"/> Puerto Rican (727)	<input type="checkbox"/> Uruguayan (734)	<input type="checkbox"/> Venezuelan (735)
<input type="checkbox"/> Costa Rican (708)	<input type="checkbox"/> Ecuatorian (Ecuadorian) (711)	<input type="checkbox"/> Mexican or Mexican-American (Chicano) (722)	<input type="checkbox"/> Panamanian (724)	<input type="checkbox"/> Salvadoran (712)	<input type="checkbox"/> Other Hispanic Origin (H10): _____	
<input type="checkbox"/> Cuban (709)	<input type="checkbox"/> Guatemalan (716)	<input type="checkbox"/> Peruvian (726)	<input type="checkbox"/> Spanish (730)			

How do you describe your race? (Select one or more):

American Indian (Select one or more):

<input type="checkbox"/> Chehalis (020)	<input type="checkbox"/> Hoh (052)	<input type="checkbox"/> Lummi (028)	<input type="checkbox"/> Port Gamble Klallam (025)	<input type="checkbox"/> Sauik-Suiattle (038)	<input type="checkbox"/> Spokane (160)	<input type="checkbox"/> Swinomish (047)
<input type="checkbox"/> Chinook (055)	<input type="checkbox"/> Jamestown (023)	<input type="checkbox"/> Makah (053)	<input type="checkbox"/> Puyallup (036)	<input type="checkbox"/> Shoalwater (492)	<input type="checkbox"/> Squaxin Island (043)	<input type="checkbox"/> Tulalip (048)
<input type="checkbox"/> Colville (159)	<input type="checkbox"/> Kalispel (156)	<input type="checkbox"/> Muckleshoot (034)	<input type="checkbox"/> Quileute (051)	<input type="checkbox"/> Skokomish (079)	<input type="checkbox"/> Steilacoom (044)	<input type="checkbox"/> Upper Skagit (039)
<input type="checkbox"/> Cowlitz (027)	<input type="checkbox"/> Kikillus (032)	<input type="checkbox"/> Nisqually (035)	<input type="checkbox"/> Quinault (050)	<input type="checkbox"/> Snohomish (041)	<input type="checkbox"/> Stillaguamish (045)	<input type="checkbox"/> Yakima (078)
<input type="checkbox"/> Duwamish (031)	<input type="checkbox"/> Lower Elwha (024)	<input type="checkbox"/> Nooksack (029)	<input type="checkbox"/> Samish (037)	<input type="checkbox"/> Snoqualmie (042)	<input type="checkbox"/> Suquamish (045)	
<input type="checkbox"/> Other American Indian (R13): _____						

Alaska Native (Select one or more):

<input type="checkbox"/> Alaska Aleut (Unangan) (941)	<input type="checkbox"/> Alaska Athabaskan (014)	<input type="checkbox"/> Alaska Eyak (943)	<input type="checkbox"/> Alaska Tlingit (017)	<input type="checkbox"/> Other Alaska Native (950): _____
<input type="checkbox"/> Alaska Alutiiq (942)	<input type="checkbox"/> Alaska Eskimo (Inupiaq or Yupik) (935)	<input type="checkbox"/> Alaska Haida (016)	<input type="checkbox"/> Alaska Tsimshian (018)	

Asian (Select one or more):

<input type="checkbox"/> Asian Indian (600)	<input type="checkbox"/> Cambodian (Kampuchean) (604)	<input type="checkbox"/> Indonesian (610)	<input type="checkbox"/> Madagascar (639)	<input type="checkbox"/> Nepali (635)	<input type="checkbox"/> Taiwanese (606)	<input type="checkbox"/> Vietnamese (619)
<input type="checkbox"/> Bangladeshi (601)	<input type="checkbox"/> Chinese (605)	<input type="checkbox"/> Japanese (611)	<input type="checkbox"/> Malayan (614)	<input type="checkbox"/> Pakistani (616)	<input type="checkbox"/> Thai (618)	<input type="checkbox"/> Other Asian (R20): _____
<input type="checkbox"/> Bhutanese (602)	<input type="checkbox"/> Filipino (608)	<input type="checkbox"/> Korean (612)	<input type="checkbox"/> Maldivian (634)	<input type="checkbox"/> Singaporean (637)		
<input type="checkbox"/> Burmese (603)	<input type="checkbox"/> Hmong (609)	<input type="checkbox"/> Laotian (613)	<input type="checkbox"/> Mongolian (624)	<input type="checkbox"/> Sri Lankan (617)		

Black or African American (R30)

Native Hawaiian or Other Pacific Islander (Select one or more):

<input type="checkbox"/> Fijian (676)	<input type="checkbox"/> Marshall Islander (662)	<input type="checkbox"/> Papua New Guinean (678)	<input type="checkbox"/> Tahitian (656)	<input type="checkbox"/> Trukese (Chuukese) (674)
<input type="checkbox"/> Guamanian (660)	<input type="checkbox"/> Micronesian (669)	<input type="checkbox"/> Ponapean (Pohnpeian) (670)	<input type="checkbox"/> Tarawa Islander (672)	<input type="checkbox"/> Vanuatuan (New Hebrides Islander) (680)
<input type="checkbox"/> Kosraean (667)	<input type="checkbox"/> Native Hawaiian (653)	<input type="checkbox"/> Samoan (655)	<input type="checkbox"/> Tokelauan (659)	<input type="checkbox"/> Yapese (675)
<input type="checkbox"/> Mariana Islander (661)	<input type="checkbox"/> Palauan (663)	<input type="checkbox"/> Solomon Islander (679)	<input type="checkbox"/> Tongan (657)	<input type="checkbox"/> Other Pacific Islander (R40): _____

White (includes people of European, Middle Eastern, or North African descent) (R50)



**the evergreen
state college**

SPECIAL STUDENT REGISTRATION FORM

Please complete ALL fields.

OLY TRIBAL GH

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

Address _____

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 dependant/veteran benefits? Yes No

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

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

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

Signature _____ Date _____

FOR OFFICIAL USE ONLY	
INITIAL _____	DATE _____