



WALLA WALLA COMMUNITY COLLEGE REGISTRATION / ADD-DROP FORM

QUARTER OF REGISTRATION

Summer Fall Winter Spring

Year: _____

SECTION 1

Student Identification Number (SID)

Birth Date: _____

Name _____
Last First Initial

Phone Number: _____

Student Signature: _____

Address _____ City _____ State _____ Zip _____

Email Address: _____ Date: _____

Advisor Name: _____ Advisor Signature (if Req.): _____

1. Student Intent (Check ONE)

- B Academic transfer
- D High school diploma/GED
- E Improve English, reading or math skills
- F Enrolled in a vocational program. Please indicate program. _____
- G Planning to enroll in a vocational program. Please indicate program. _____
- J Improving current job skills
- K Home and Family
- L Personal satisfaction — not degree-seeking

2. What is your main long term goal for attending this community college? (Check ONE)

- 11 Take courses related to current or future work
- 12 Transfer to a four year college.
- 13 High school diploma or GED.
- 14 Explore career direction.
- 15 Personal enrichment.
- 90 Other _____

SECTION 2

✓ CHECK ALL THAT APPLY			Item Number	Course Abbreviation	Course Number	Credits	SPECIAL PERMISSION (Instructor Signature)	PREREQUISITE OVERRIDE (Dept. Chair Signature)		
ADD	DROP	AUDIT	0273	HPER	107	1				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					INSTRUCTOR USE ONLY.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					STUDENTS ARE STRONGLY ENCOURAGED TO			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					CONSULT THEIR INSTRUCTOR, ADVISOR AND			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					FINANCIAL AID BEFORE COMPLETING ANY			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					WITHDRAWALS.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
RES 01 <input type="checkbox"/>	USA 29 <input type="checkbox"/>	HSC 12/20 <input type="checkbox"/>	SENIOR 10 <input type="checkbox"/>	INTL. 38 <input type="checkbox"/>	AEP 55 <input type="checkbox"/>		CR <input type="checkbox"/>	AUD <input type="checkbox"/>	DATE	STAFF INITIAL

Walla Walla Community College is committed to provide equal opportunity and non-discrimination for all educational and employment applicants as well as for its students and employed staff, without regard to race, color, creed, national origin, sex, sexual orientation, including gender expression/identity, genetic information, marital status, age (over 40), the presence of any sensory, mental, or physical disability, the use of trained guide dog or service animal by a person with a disability, or status as a Vietnam and/or disabled veteran, National Guard member or reservist in accordance with the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Federal Rehabilitation of 1973, the Americans with Disabilities Act of 1990, and any other applicable Federal and Washington State laws against discrimination. For further information or to request accommodation, contact WWCC's Disabilities Support Services Office: Walla Walla Campus (509) 527-4262 • Clarkston Campus (509) 758-1718 • TDD (509) 527-4412

(OVER)

SECTION 3 – COMPLETE ONLY ONCE PER QUARTER

How long do you plan to attend Walla Walla Community College? (SELECT ONE)

- 11 One Quarter 13 One Year 15 Long enough to complete a degree
 12 Two Quarters 14 Up to two years, no degree planned 16 Don't know
 90 Other (Indicate): _____

What is your work status while attending college? (SELECT ONE)

- 11 Full-time homemaker 13 Part-time employment, off-campus 15 Not employed, but seeking employment
 12 Full-time employment 14 Part-time employment, on-campus 16 Not employed, not seeking employment
(Including self employed and military) 90 Other (Indicate): _____

What is your prior level of education at entry to Walla Walla Community College? (SELECT ONE)

- 11 Less than high school graduate 14 Some post high school, but no degree or certificate
 12 G.E.D. 15 Certificate (Less than two years) 17 Bachelor's Degree or above
 13 High School graduate 16 Associate's Degree 90 Other (Indicate) _____

What was your family status when you started at Walla Walla Community College?

Were you... (SELECT ONE)

- 11 A single parent with children or other dependents in your care
 12 A couple with children or other dependents in your care
 13 Without children or other dependents in your care
 90 Other (INDICATE): _____

SECTION 4 – OPTIONAL

Providing this optional information allows us to provide improved education to the community.

Do you have a physical, sensory or mental impairment, which substantially limits one or more major life activity, such as seeing hearing, speaking or walking? Yes No

Persons with disabilities may be eligible for support services. For more information contact Disability Support Services coordinators Claudia Angus (Walla Walla) 509.527.4262 or Carol Bennett (Clarkston) 509.758.1718.

What race or ethnicity do you consider yourself? (CHECK UP TO TWO BOXES)

- African American/Black (872) Cambodian (604) Vietnamese (619)
 Alaska Native (015) Chinese (605) White (800)
 American Indian (597) Filipino (608) Other Asian (621)
Please specify name of enrolled tribe or principal tribe: _____ Japanese (611) Other Pacific Islander (681)
 Korean (612) Other race/ethnicity:
 Native Hawaiian (653) Please specify: _____

Are you of Spanish/Latino/Hispanic/Latino ethnicity? (SELECT ONE)

- No Yes, Mexican, Mexican American, Chicano (722) Yes, South American (729)
 Yes, Central American (704) Yes, Puerto Rican (722) Yes, Other Spanish/Hispanic/Latino
 Yes, Cuban (709) Please Specify: _____