

WVC REGISTRATION FORM

SID/SSN NUMBER *	Today's Date	Quarter of Registration Year Telephone		Number	Type of Student		
	//	FallWinter	sp	pring Summer	Day: Evening:		NewFormer Returning from last quarter
*Social Security Number Request This information is used for several p To administer financial aid To verify academic record To conduct research To report payments you m In keeping with state and federal law, for your SSN/TIN. If you do not subm	s ade that may qualify for the college will protect y	A. Sex:MaleFemale (Optional) B. Date of Birth/_/ C. How long have you lived continuously in Washington? yearsmonths D. Are you a U.S. citizen?YesNo If no, check one of the following; International StudentRefugeeVisitor Permanent Resident					
Last NameFirst NameMiddlePrevious Name(s)							
Preferred Name							f program/degree are you intending to pursue at college? (check one)
Mailing Address	ldress City State			Zip		B Academi	c Non-Transfer Degree Program c Transfer Program W, CWU, WSU, EWU, etc)
E-Mail Address						Busine DTA	essEarth Science #1Physical Science #2
	Title English Composi		edits 0	Instructor Signature		F Professio (ESRT	lucation for Adults nal/Technical Program ', AUTO, RADT, NURS, etc) rogram)
Student Signature Date							 H Apprenticeship Program I Applied Baccalaureate Program
Please write Student ID Number on front of check. ***If you would like to pay with a debit/credit card, please contact our Cashier at 509-682-6500***							purpose for attending this community one) courses related to current or future work. fer to a four-year college/AAS Degree. School diploma or GED. re career direction. nal enrichment.

Wenatchee Valley College is committed to a policy of equal opportunity in employment and student enrollment. All programs are free from discrimination and harassment against any person because of race, creed, color, national or ethnic origin, sex, sexual orientation, gender identity or expression, the presence of any sensory, mental, or physical disability, or the use of a service animal by a person with a disability, age, parental status or families with children, marital status, religion, genetic information, honorably discharged veteran or military status or any other prohibited basis per RCW 49.60.030, 040 and other federal and state laws and regulations, or participation in the complaint process.

The following persons have been designated to handle inquiries regarding the non-discrimination policies and Title IX compliance for both the Wenatchee and Omak campuses: ٠

- To report discrimination or harassment: Title IX Coordinator, Wenatchi Hall 2322M, (509) 682-6445, <u>title9@wwc.edu</u>. To request disability accommodations: Director of Student Access, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: dial 711, sas@wvc.edu. .

New and Former Students Taking Credit Classes

Last high school attended	City	State	Year	Graduated Yes No
Last college attended	City	State	Year	Graduated Yes No
Are you currently enrolled in any school other th	an WVC?Yes	No		
If yes, name of school:				
How long do you plan to attend Wenatchee Valley 11 One quarter 12 Two quarters 13 On What is your prior level of education to Wenatcher 11 Less than high school graduate 12 GED	e year 14 Up to two year ee Valley College? (check the	rs, no degree planned number that best appli	15 Long enough t es to you)	
15 Certificate (less than two years) 16 Assoc				
What is your is current work status while attendint 11 Full-time homemaker 12 Full-time emplo	yment (including self-employed	d and military) 13		14 Part-time on campus
15 Not employed, but seeking employment 16	Not employed, not seeking e	employment		
What was your family status when you started at 11 A single parent with children or other depender				care
13 Without children or other dependents in your ca	ire			
*OPTIONAL SECTION Providing this optional information allows us to prov	de improved education to the d	community.		
*Do you have a physical, sensory or mental impairment that substate yourself and working?YesNo	ntially limits one or more of the major	life functions, such as seeing	hearing, speaking, walking	, breathing, working with your hands, learning, caring for
*What do you consider yourself to be? (check up to two boxes)				
Alaskan Native(015)American Indian(597) Vietnamese(619)White(800)Other Asian Mexican, Mexican American, Chicano(722)Puerte	African American/Black(872) (621) Other Pacific Islander(68) Rican(722) South American(729)	Cambodian(604)Chine (1)Other race/ethnicity((9)	se(605)Filipino(608) 799)Central American(704)Cuban(709)
*Are you of Spanish or Hispanic origin? (check up to two boxes)				Japanese(611)Korean(612)Native Hawaiia
NoCentral American(704)Cuban(709)1	Mexican, Mexican American, Chicano	(722) Puerto Rican(722) South American(729)	

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