


REGISTRATION FORM *Add/Drop/Withdraw*

 Enrollment Services 2011 Mottman Rd SW Olympia, WA 98512 www.spscc.edu Ph. (360) 596-5241 enroll@spscc.edu	Quarter			Running Start? (check box below)	Gender						
	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	Year		Today's Date			<input type="checkbox"/> Male		Birthdate	
	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring			<input type="checkbox"/>				<input type="checkbox"/> Female		

Student ID Number	Social Security Number **	To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report payments made by you that may qualify for a tax credit or a tax deduction on your income tax return. We may also use this information to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to an IRS penalty of \$100. Pursuant to state and federal law, the college will protect your SSN from unauthorized use and/or disclosure.
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

Last Name	First Name	M.I.	Signature

Check this box and complete the back side of this form if you want to update your information with Enrollment Services.
If you are receiving Financial Aid, you will need to complete a separate change of information form to update your address or phone number.

Registration forms will be accepted in person with picture identification or this form may be scanned and emailed to enroll@spscc.edu, but will ONLY be accepted if it is sent from the student's my.spscc.edu email address. Submissions from personal/business email addresses will not be accepted.

ADD	View the current class schedule online at http://www.spscc.edu .						DROP			
The instructor's signature is required to audit a class or to override the capacity or prerequisite of a class. Beginning on the third day of the quarter, the instructor's signature is required to add any class (excluding late start classes), and the Division Dean's signature is also required to override the prerequisite of a class.										
Item #	Class	Credits	Instructor Signature	Dean Signature	Reason(s) – Check all that apply.			Item #	Class	Credits
					<input type="checkbox"/> Audit	<input type="checkbox"/> Capacity	<input type="checkbox"/> Prerequisite			
					<input type="checkbox"/> Audit	<input type="checkbox"/> Capacity	<input type="checkbox"/> Prerequisite			
					<input type="checkbox"/> Audit	<input type="checkbox"/> Capacity	<input type="checkbox"/> Prerequisite			
					<input type="checkbox"/> Audit	<input type="checkbox"/> Capacity	<input type="checkbox"/> Prerequisite			
					<input type="checkbox"/> Audit	<input type="checkbox"/> Capacity	<input type="checkbox"/> Prerequisite			
					<input type="checkbox"/> Audit	<input type="checkbox"/> Capacity	<input type="checkbox"/> Prerequisite			
					<input type="checkbox"/> Audit	<input type="checkbox"/> Capacity	<input type="checkbox"/> Prerequisite			
					<input type="checkbox"/> Audit	<input type="checkbox"/> Capacity	<input type="checkbox"/> Prerequisite			

Optional: Change of Address/Phone Number

Complete this section to update your address/phone with Enrollment Services. Complete a separate change of information form to update your information with Financial Aid.

Street Address				Apt #	City	State	Zip Code
Cell Phone		Home Phone					

Optional: Biographical Data

1. How long do you plan to attend SPSCC?						
<input type="checkbox"/> 1 quarter [11]	<input type="checkbox"/> 2 quarters [12]	<input type="checkbox"/> 1 year [13]	<input type="checkbox"/> Up to 2 years, no degree planned [14]	<input type="checkbox"/> Long enough to finish a degree [15]	<input type="checkbox"/> Don't know [16]	<input type="checkbox"/> Other [90]
2. Work status while attending college?						
<input type="checkbox"/> Full-time homemaker [11]	<input type="checkbox"/> Full-time employment [12]	<input type="checkbox"/> Part-time off campus [13]	<input type="checkbox"/> Part-time on campus [14]	<input type="checkbox"/> Not employed, but seeking job [15]	<input type="checkbox"/> Not employed, not seeking [16]	<input type="checkbox"/> Other [90]
3. What is your level of prior education?						
<input type="checkbox"/> Less than high school graduation [11]	<input type="checkbox"/> GED [12]	<input type="checkbox"/> High school graduate [13]	<input type="checkbox"/> Some post high school [14]	<input type="checkbox"/> Certificate (less than 2 years) [15]	<input type="checkbox"/> Associate degree [16]	<input type="checkbox"/> Bachelor's degree or above [17]
4. What is your family status?						
<input type="checkbox"/> Single parent with dependents [11]	<input type="checkbox"/> A couple with dependents [12]	<input type="checkbox"/> Without children or dependents [13]	<input type="checkbox"/> Other [90]			

Staff Notes (staff use only)

<p>South Puget Sound Community College does not discriminate on the basis of color, race, national origin, sex, disability, sexual orientation or age in its programs and activities. Students who need disability accommodations should contact Access Services in Bldg. 22, email dss@spsec.edu or call 360-596-5306.</p>	<p>Date Received</p>
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