

**CLASS REGISTRATION FORM** (Complete all boxes)

QUARTER CODE: \_\_\_\_\_

QUARTER:  SUM  FALL  WIN  SPR YEAR \_\_\_\_\_

DO NOT WRITE IN SHADED AREA

**STUDENT STATUS**  
(Select one)

NEW  
 CURRENTLY ENROLLED  
 FORMER  
 (When? \_\_\_\_\_)

**SOCIAL SECURITY NUMBER (SSN)**  
 [ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ][ ]

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 \$50. Pursuant to state and federal law, the college will protect your SSN from unauthorized use and/or disclosure.

**STUDENT IDENTIFICATION NUMBER (SID)**  
 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Your SID is assigned to you.  
 You must use your SID to register for classes, get grades, pay tuition, and other services.

LEGAL LAST NAME LEGAL FIRST MIDDLE INITIAL PREVIOUS LAST NAME (if applicable)

\_\_\_\_\_

ADDRESS - NUMBER & STREET & APT. #, ROUTE & BOX OR P.O.

\_\_\_\_\_

CITY STATE ZIP BIRTHDATE

\_\_\_\_\_

DAY PHONE EVENING PHONE

\_\_\_\_\_

**U.S. CITIZEN?**  YES  NO If No, what is your status?  
 RESIDENT ALIEN/IMMIGRANT  REFUGEE  
 STUDENT VISA  VISITOR  OTHER \_\_\_\_\_

**DISABILITY STATUS** Optional (Confidential information used for statistical reporting only)  
 Do you have a physical or mental impairment which substantially limits one or more major life activities, such as: seeing, hearing, speaking, walking, learning or working?  YES  NO  
 Persons with disability may be eligible for support services and should contact Access and Disability Services.

INTENT	PROGRAM	PURP	ADVISOR CODE
--------	---------	------	--------------

Have you been a legal resident\* of WA and lived continuously in WA for the past 12 months?  YES  NO  
 \*A student cannot qualify as a legal resident of Washington for tuition calculation purposes if s/he possesses a valid out of state driver's license, vehicle registration, or other documents that give evidence of being a legal resident in another state.

If NO, how long have you lived continuously in the state of WA? \_\_\_\_\_

Were you claimed for federal income tax purposes by parent or legal guardian in the current or past calendar year?  YES  NO

If YES, has parent or legal guardian lived **continuously** in WA for the past 12 months?  YES  NO

Are you active duty military stationed in WA or spouse/dependent of the same?  YES  NO

Are you WA National Guard or spouse/dependent of the same living in WA?  YES  NO


**EDUCATIONAL BACKGROUND**

Last High School Attended	City	State	Year	Graduated
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Last College Attended	City	State	Year	Graduated
				<input type="checkbox"/> YES <input type="checkbox"/> NO

**STUDENT'S PURPOSE:**  
 What is your main long term goal for attending Pierce College?  
 Circle the number that BEST applies to your reason for enrolling:

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

*A if Audit	ITEM NO.	COURSE DEPT. & NUMBER	CRE	DAYS	TIME	OFFICE USE
	9999	Circle Item # if you want to donate \$1 to Pierce College Foundation to provide student scholarships.				
						TOTAL

\* If you do NOT wish to receive credit, put an "A" in the audit column.  **TOTAL CREDITS**

STUDENT SIGNATURE X \_\_\_\_\_ / / DATE  
*I accept full financial responsibility as a result of my registration.*

ADVISOR'S SIGNATURE X \_\_\_\_\_ / / DATE

**REFUND POLICY**  
 PLEASE SEE THE ONLINE QUARTERLY CLASS SCHEDULE FOR COMPLETE REFUND INFORMATION.

**BE SURE TO COMPLETE IMPORTANT INFORMATION ON REVERSE SIDE OF THIS PAGE. →**

I understand that I am fully responsible for paying my tuition and other debts owed to Pierce College by the tuition due date. Failure to make payments to Pierce College by the due date may result in my account being referred to an outside collection agency. I am responsible for all costs including collection cost of 24% to 35%, 12% interest and reasonable legal fees as per Washington State Law.

# ADDITIONAL STUDENT INFORMATION

FEMALE     MALE

Please mark one or more boxes to indicate what race you consider yourself to be:

- White (800)
- African American (872)
- American Indian (597)
- Alaska Native (015)
- Native Hawaiian (653)
- Other Pacific Islander (681)
- Vietnamese (619)
- Filipino (608)
- Chinese (605)
- Korean (612)
- Japanese (611)
- Other Asian (621)
- Other Race (specify) \_\_\_\_\_

Are you of Spanish/Hispanic/Latino ethnicity?

- No (999)
- Yes, Mexican, Mexican American, Chicano (722)
- Yes, Puerto Rican (727)
- Yes, Cuban (709)
- Yes, Other \_\_\_\_\_

Have either of your parents earned a bachelor's (4 year) degree?

- No     Yes

*The college appreciates your response to the following questions to assist us in designing programs and services, and creating a welcoming environment.*

What is your sexual orientation?

- Bisexual
- Gay
- Lesbian
- Queer
- Straight/heterosexual
- Other
- Prefer not to answer

What is your gender identity?

- Feminine
- Masculine
- Androgynous
- Gender neutral
- Transgender
- Other
- Prefer not to answer

## PLEASE CIRCLE THE NUMBER THAT BEST APPLIES TO YOU

How long do you plan to attend Pierce College?

- 11 One quarter/term
- 12 Two quarters/terms
- 13 One year
- 14 Up to two years, no degree planned
- 15 Long enough to complete a degree
- 16 Don't know
- 90 Other

What is your current work status while attending college?

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

What is your prior level of education at entry to Pierce College?

- 11 Less than high school graduation
- 12 GED
- 13 High school graduate
- 14 Some post high school, but no degree or certificate
- 15 Certificate (less than two years)
- 16 Associate degree
- 17 Bachelor's degree or above
- 90 Other

What was your family status when you started at the community college?

- 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

## JBLM STUDENTS ONLY

Of the following choices, how would you identify yourself?

- Active duty military, pay grade: \_\_\_\_\_  
Branch: \_\_\_\_\_ (J or K)
- Family member of active duty (FAM), branch: \_\_\_\_\_ (L)
- National Guard (NG), Branch: \_\_\_\_\_ (J)
- Reserves (RES), Branch: \_\_\_\_\_ (J)
- Retired military (RET)
- Veteran (VET)
- DOD employee (DOD)
- Civilian (CIV)

How are you paying for your courses?

- Tuition assistance (TA)
- VA CH33 post 9/11 (CH33)
- My CAA or Heroes@Home2 (CAA)
- Vocational rehab (VOC)
- Scholarship (SCH)
- Financial aid (FIN)
- Self pay (SEF)
- Other 3rd party (CNT)

## Additional information:

CELL PHONE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Yes – I consent to receiving automated text messages for advising and student support needs from Pierce College.

No – I do not consent to receiving automated text messages.

Maximum of 7 messages/month. Message and data rates may apply. Text HELP for help. Text STOP to cancel. Privacy terms and conditions are available at: [www.pierce.ctc.edu/about/policies/text-privacy-policy.pdf](http://www.pierce.ctc.edu/about/policies/text-privacy-policy.pdf)

EMAIL ADDRESS

This email will be used for initial contact only. All future college emails will be sent to your Pierce College student email.

# VETERAN STATUS



SID \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

TERM \_\_\_\_\_

You may be eligible for additional services.  
Please select **one** category that best applies to you.

O	Not a veteran/No military affiliation
A	Montgomery GI Bill - Chapter 30 MGIB - AD
B	Vocational Rehabilitation & Employment Program - Chapter 31 VR&E
C	Veterans Educational Assistance Program - Chapter 32 VEAP
D	Post 9/11 Veterans - Chapter 33
E	Transfer of benefits to eligible Dependent Child - Chapter 33 Transfer of Entitlement (TOE)
F	Eligible Dependent Child of 100% disabled or deceased veteran (Chapter 35) or receiving Veteran Dependent Tuition Waiver
G	Selected Reserve - Chapter 1606 MGBI - SR
H	Reserve Educational Assistance Program - Chapter 1607 REAP
J	Active duty (including national guard/reserves) currently using military tuition assistance
K	Active duty military student using military benefits or paying resident tuition rates
L	Military dependent of active duty using military benefits or paying resident tuition rates
M	Transfer of benefits to eligible Spouse - Chapter 33 Transfer of Entitlement (TOE)
N	Eligible Spouse of 100% disabled or deceased veteran (Chapter 35) or receiving Veteran Dependent Tuition Waiver
V	Veterans Retraining Assistance Program (VRAP)
X	Veteran receiving benefits not listed above
Z	Veteran not receiving benefits, including those who decline using their benefits