



REGISTRATION FORM

☐ New Student ☐ On Leave ☐ Continuing

Please complete ALL fields prior to turning in form.

ID Number: **A** _____

Name: _____
Last First MI

*Evergreen will release directory information to outside inquiries upon request unless you indicate confidentiality.
Do you want your Directory Information: ☐ Available ☐ Confidential

Local: _____
Address City State Zip Code

Phone(s): _____
Home Business

Alternate Email (Evergreen Email is primary email): _____

Emergency Contact: _____
Name Relationship Address City State Zip Code Phone

ADD: Faculty Signature (If required by faculty **OR** starting week 1) Title CRN (Course Reference Number) F W SP SU (Number of credits per quarter)

DROP: Title CRN F W SP SU

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

TOTAL CREDITS:

Student Signature _____ **Date** _____

3/07 With Record: SAAQUIK; SOAHSCH or SOAPCOL (if available; SAVE; SGAUSDF Element 3; Check SOAHOLD; SFAREGS
Without Record: SAAQUIK after thorough search Generate ID; SPAIDEN; SPAEMRG; SPAPERS; back to SAAQUIK and all above; SFAREGS

For Office Use Only:

OK to register? _____

Student Accounts:

Financial Aid signature required?
Yes* ☐ No ☐

*Financial Aid signature: _____

Residency: Non-Resident Resident

UG GR Total Credits: _____

Registration Use: