EVERGREEN
THE EVERGREEN STATE COLLEGE

SPECIAL STUDENT REGISTRATION FORM

☐ FA ☐ WI ☐ SP ☐ SU _____ Year ☐ Undergraduate ☐ Graduate

DO YOU WISH TO ALLOW RELEASE OF YOUR DIRECTORY INFORMATION?

☐ YES ☐ NO **A**_____

use):_____

SSN (Required for FA and Transcripts

Name:_____

| Last | First | Middle | Former |

Mailing Address(es): The local mailing address on file is essential and must be accurate. Notify the Registration and Records Office immediately of any address change(s). Address changes can be completed via the Web, in person or by telephone. **Billing Address**: The Student Accounts office can mail bills to a separate billing address. Notify them if you want that service. Student Accounts must be notified if the billing address is to be changed.

*Indicates Required Information. Please complete ALL fields prior to turning in form(s).

* ☐ Male ☐ Female

*Date of Birth: (MM/DD/YY)_____

*US Citizen: ☐ Yes ☐ No Nationality:_____

*Residency: ☐ No ☐ Yes From _____ (MMYY)

*Campus: ☐ Grays Harbor ☐ Olympia ☐ Tacoma ☐ Tribal

*Local Address:

*Ethnicity: Are you of Spanish/Hispanic/Latino origin? ☐ No ☐ Yes
☐ Cuban709 ☐ Mexican/Chicano772 ☐ Puerto Rican727 ☐ Other_____

*Race(check all that apply): ☐ Asian Indian 600 ☐ Black/African American870 ☐ Caucasian800
☐ Chinese605 ☐ Filipino608 ☐ Guamanian/Chamorro660 ☐ Japanese611 ☐ Korean612
☐ Vietnamese619 ☐ Native Hawaiian ☐ Samoan655 ☐ Other Pacific Islander _____
☐ Other Asian _____ ☐ Native American Tribe_____

| Street | City | State | Zip Code |

*Phone(s):_____ ***Email**: _____

| Home | Business | Preferred |

*Emergency Contact:_____

| Relationship | Name | Address | City | State | Zip | Phone |

*Last School Attended: _____

| Name of School | City | State | Ending Period (MM/DD) | Diploma/Degree |

*Have you previously attended Evergreen: ☐ Yes ☐ No Period of last enrollment:_____

ADD: Faculty Member Signature (If Required by faculty or beginning Week 1)

	Title	CRN (Course Reference Number)	F	W	SP	SU (Indicate Number of Credits)

DROP:

	Title	CRN	F	W	SP	SU

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

_____

For Registration Use:

_____

Initials   Date

Student Signature   **Date**

W/Record: SAAQUIK; SOAHSCH or SOAPCOL (if available); SGAUSDF, Elements 1 and 2; Check SOAHOLD; SFAREGS
W/ORecord: SAAQUIK after thorough search Generate ID; SPAIDEN; SPAEMRG; SPAPERS, back to SAAQUIK and all above.   R&R Rev 08-03