



Lower Columbia College - Quarterly Registration Form

(PRINT *Clearly* – PARTICIPANTS MUST PROVIDE SID OR BIRTH DATE.)

Student Name - LAST, FIRST, INITIAL _____

X Student's Signature _____

SUMMER FALL
 WINTER SPRING

SID # _____

ACADEMIC YEAR _____

Dept	Course #	Item #	Sec	Cr	ADJ	M	T	W	T	F	Time	Bldg/Room	Instructor

BIRTH DATE

Date _____

Student Address _____

Phone (____) _____ e-mail _____

Select the best response to each question:

Do you have a physical or mental impairment which substantially limits one or more major life activities, such as: seeing, hearing, speaking, walking, learning, working, etc.?

Yes No

STATE REQUIRED DATA ELEMENTS: The State of Washington uses responses to the following questions to measure the progress of students toward stated goals and to improve services and programs.

How will your course work relate to your current or future work?

- (11) Gain skills for a new job or career
- (12) Gain skills for my current job or career
- (13) Improve skills for a career change
- (14) Does not apply
- (90) Other

What is your main long term goal for attending this community college?

- (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