

## **WVC REGISTRATION FORM**

SID	SID/SSN NUMBER * Today's Date Quarter of		Quarter of Registr	egistration Year		Telephone Number Day:		Type of Student New Former	
		/	Fall Winte	erSp	oring Summer	Evening:		Returning from last quarter	
This infor	curity Number Request mation is used for several and to administer financial and To verify academic record To conduct research To report payments you rewith state and federal law SN/TIN. If you do not substitute that the second substitute is the second substitute of the second substitute is the second substitute of the second substitute is the second substitute of the	id ds nade that may qualify for , the college will protect y	A. Sex:MaleFemale (Optional)  B. Date of Birth//  C. How long have you lived continuously in Washington?years months  D. Are you a U.S. citizen? Yes No						
Last Nan	ne Firs	t Name	Middle	Pre	vious Name(s)			of the following; al Student Refugee Visitor Resident	
Preferred	Name						1	f program/degree are you intending to pursue at college? (check one)	
Mailing .		City	\$	State	Zip		B Academi	c Non-Transfer Degree Program c Transfer Program W, CWU, WSU, EWU, etc)	
E-Mail A	ddress						Busin	ess Earth Science #1 Physical Science #2	
11111		Title English Compos		Credits 5.0	Instructor Signature		D Basic Education for Adults F Professional/Technical Program		
Student Signature Date								I Applied Baccalaureate Program  (List Program)  J Upgrading Job Skills Courses  L Non-Award Seeking Student	
:	Pl ***If you would like	lease write Student to pay with a debit/	college?(check of the college) college?(check of the college) college and college are college. Trans and college are college. Trans are college. T	r purpose for attending this community one) courses related to current or future work. fer to a four-year college/AAS Degree. School diploma or GED. re career direction. nal enrichment.					

Wenatchee Valley College is committed to a policy of equal opportunity in employment and student enrollment. All programs are free from discrimination and harassment against any person because of race, creed, color, national or ethnic origin, sex, sexual orientation, gender identity or expression, the presence of any sensory, mental, or physical disability, or the use of a service animal by a person with a disability, age, parental status or families with children, marital status, religion, genetic information, honorably discharged veteran or military status or any other prohibited basis per RCW 49.60.030, 040 and other federal and state laws and regulations, or participation in the complaint process. The following persons have been designated to handle inquiries regarding the non-discrimination policies and Title IX compliance for both the Wenatchee and Omak campuses:

## **New and Former Students Taking Credit Classes**

Last high school attended	City	State	Year	Graduated Yes No
Last college attended	City	State	Year	Graduated Yes No
Are you currently enrolled in any school other than WV	YC? Yes	No		
If yes, name of school:				
ow long do you plan to attend Wenatchee Valley Colle 1 _ One quarter 12 _ Two quarters 13 _ One year  What is your prior level of education to Wenatchee Vall 1 _ Less than high school graduate 12 _ GED 13 _   Certificate (less than two years) 16 _ Associate degree of the collection	14 Up to two year  ey College? (check the High school graduate  gree 17 Bachelor's  ege? (check the number	s, no degree planned  number that best appli  14 Some post high  degree or above  that best applies to you	15 Long enough the sto you) in school, but no degree at	e or certificate
5 Not employed, but seeking employment 16 Not	employed, not seeking e	employment		_ ,
l A single parent with children or other dependents in ye	our care 12 _ A cou	uple with children or oth	ner dependents in your	care
3 Without children or other dependents in your care				
OPTIONAL SECTION roviding this optional information allows us to provide imp	proved education to the c	community.		
o you have a physical, sensory or mental impairment that substantially lirurself and working?YesNo	nits one or more of the major	life functions, such as seeing,	hearing, speaking, walking	s, breathing, working with your hands, learning, caring for
/hat do you consider yourself to be? (check up to two boxes)				
Alaskan Native(015) American Indian(597) African Vietnamese(619) White(800) Other Asian(621) Mexican, Mexican American, Chicano(722) Puerto Rican(722)	Other Pacific Islander(68	1) Other race/ethnicity(	se(605) Filipino(608) 799) Central American	
are you of Spanish or Hispanic origin? (check up to two boxes)				Japanese(611) Korean(612) Native Hawaii
No Central American(704) Cuban(709) Mexican,	Mexican American, Chicano	(722) Puerto Rican(722	South American(729)	)

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- To report discrimination or harassment: Title IX Coordinator, Wenatchi Hall 2322M, (509) 682-6445, title9@wvc.edu.
- To request disability accommodations: Director of Student Access, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: dial 711, sas@wvc.edu.