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Registration/Change of Schedule

Quarter of Registration: (please circle)

Summer Fall Winter Spring Year _____

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Student Identification Number

Name _____

Last

First

Middle

ADD CLASS

Instructor's signature is required to **add** a class on the fourth through tenth day of Fall, Winter, and Spring quarters—and third through tenth day of Summer quarter. All transactions must be completed by the tenth day of the quarter.

Note: Signatures do not override prerequisites or class capacity.

See Quarterly Schedule for the last day to complete **Add** transactions.

Item Number	Permission Code	Department/ Course No.	Instructor's Signature (Signatures do not override prerequisites or class capacity)	Date

DROP CLASS

Instructor's signature is required to **drop** a class beginning the fourth day of Fall, Winter, and Spring quarters—and beginning the third day of Summer quarter—through the last official drop date as posted in the quarterly class schedule.

See Quarterly Schedule for the exact date to complete **Drop** transactions.

Item Number	Department/ Course No.	Instructor's Signature	Date

Reason for Drop:

Medical Time Conflict Work Conflict Family Needs
 Doing Poorly Financial Other

Student's Signature

Today's Date

Back of form must be completed.

Official Use Only – Date:

Initials:

ES247 060605

Circle the best response to each question.

Do you have a disability? (Answering is optional. This information will be used for tracking only.)

___ No ___ Yes *Please identify the nature of the disability: (circle one only)*

- | | | |
|-------------------|------------------------|---------------------------------------|
| 1 Deaf/Hearing | 4 Learning | 7 Neurological/Central Nervous System |
| 2 Mobility | 5 Blind/Visual | 8 Psychological/Emotional |
| 3 Speech/Language | 6 Chronic/Acute health | |

If you have a disability and would like to request an accommodation, please contact Disability Support Services (DSS) at ext. 2631 or by TDD at 253-288-3359.

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

Purpose:

What is your main long-term goal for attending college?

- | | | |
|---|-----------------------------|----------------|
| 11 Take courses related to current or future work | 14 Explore career direction | 99 No response |
| 12 Transfer to four-year college | 15 Personal enrichment | |
| 13 High school diploma/GED | 90 Other | |

Outcomes:

How long do you plan to attend college?

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

What is your prior education level upon entry to this college?

- 10 Less than 9th grade
- 11 Less than high school graduation
- 12 GED
- 13 High school graduate
- 14 Some post high school, no degree or certificate
- 15 Certificate (less than two years)
- 16 Associate Degree
- 17 Bachelor's Degree or above
- 90 Other
- 99 No response

What is your 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
- 80 Long-Tenured dislocated worker
- 81 Short-Tenured dislocated worker
- 82 Others receiving UI benefits
- 90 Other
- 99 No response

What is your current family status?

- 11 Single parent with children or other dependents
- 12 Couple with children or other dependents
- 13 Without children or other dependents
- 90 Other
- 99 No response