



ENROLLMENT SERVICES PRE-APPROVED EARLY REGISTRATION PERMISSION

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CRITERIA

- o Valid only on current quarter's beginning registration date for pre-approved classes and with current instructor's signature.
- o At the time of early registration, your grade (progress) in the current class must meet the pre-requisite of the course for which you are registering. If your final grade does not meet the pre-requisite, you will be withdrawn from the course listed below.

INSTRUCTIONS

- o Submit this form to Enrollment Services or International Programs to complete the registration process.
- o Must register for all other courses on or after your scheduled registration access date/time.

STUDENT INFORMATION

Name: _____
Last First M.I.

SID: _____ Quarter: Summer Fall Winter Spring Year: _____

CLASS			
Item No.	Dept.	Course No.	Course Title

SIGNATURES

Student: _____ Date: _____

Instructor (current class): _____ Date: _____

IMPORTANT INFORMATION

1. I authorize this college to use my Social Security Number to obtain employment and wage information held by the Employment Security Department for the purposes of state and federal educational reporting, evaluation and research.
 Yes, I give consent. No, I do not consent to the use of my SSN for the above stated purpose.

2. What is your main goal for attending this college?
- | | |
|--|--|
| <input type="checkbox"/> 11 = Take courses related to your current/future work | <input type="checkbox"/> 14 = Explore career direction |
| <input type="checkbox"/> 12 = Transfer to a 4-year college | <input type="checkbox"/> 15 = Personal enrichment |
| <input type="checkbox"/> 13 = High school complete or GED® | <input type="checkbox"/> 90 = Other |

3. Do you have a disability? *Answering is optional; this information will be used for tracking only.* No Yes

Please identify the nature of your disability:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 1 = Deaf/Hearing | <input type="checkbox"/> 3 = Speech/Language | <input type="checkbox"/> 5 = Blind/Visual | <input type="checkbox"/> 7 = Neurological/CNS |
| <input type="checkbox"/> 2 = Mobility | <input type="checkbox"/> 4 = Learning | <input type="checkbox"/> 6 = Chronic/Acute health | <input type="checkbox"/> 8 = Psychological/Emotional |

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