



ENROLLMENT SERVICES REGISTRATION/CHANGE OF SCHEDULE

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STUDENT INFORMATION

Name: _____
Last First M.I.

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

ADD CLASS

- See "Quarterly Class Schedule" for last day to complete add transactions.
- The Instructor's signature is required to add classes on or after the fourth day of fall, winter, and spring quarters, as well as on or after the third day of summer quarter.
- All transactions must be completed by the 10th day of the quarter.

CLASSES TO ADD				
Item No.	Entry Code	Dept./Course No.	Instructor's Signature	Date

DROP CLASS

- See the "Quarterly Class Schedule" to view the exact dates for completing drop transactions.
- Classes can be dropped in person or online at: greenriver.edu, Online Services.
- Speaking with your advisor prior to withdrawing from class(es) is highly recommended.

CLASSES TO DROP		
Item No.	Dept./Course No.	Date

Signature: _____ Date: _____

OFFICE USE ONLY	Date: _____ Processed by: _____
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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.

DSS

Do you have a disability? Answering is optional. This information will be used for tracking only. No Yes

1. If you selected yes, please identify the nature of the disability (select one only):

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 Deaf/Hearing | <input type="checkbox"/> 4 Learning | <input type="checkbox"/> 7 Neurological/Central Nervous System |
| <input type="checkbox"/> 2 Mobility | <input type="checkbox"/> 5 Blind/Visual | <input type="checkbox"/> 8 Psychological/Emotional |
| <input type="checkbox"/> 3 Speech/Language | <input type="checkbox"/> 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.

MISC. DATA

The college appreciates your responses to the following questions. All information will be maintained with the strictest confidentiality.

1. What is your sexual orientation?

- Bisexual
- Gay
- Lesbian
- Queer
- Straight/Heterosexual
- Other
- Prefer not to answer

2. What is your gender identity?

- Feminine
- Masculine
- Androgynous
- Transgender
- Gender neutral
- Other
- Prefer not to answer

PURPOSE

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

- 11 Take courses related to current or future work
- 12 Transfer to four-year college
- 13 High school diploma/GED®
- 14 Explore career direction

- 15 Personal enrichment
- 90 Other
- 99 No response

OUTCOME

1. 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

2. What is your work status while attending college?

- 11 Full-time homemaker
- 12 Full-time employment (incl. self-employment & 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-Term dislocated worker
- 81 Short-Term dislocated worker
- 82 Others receiving UI benefits
- 90 Other
- 99 No response

3. 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 Certificates (less than two years)
- 16 Associate's Degree
- 17 Bachelor's Degree
- 90 Other
- 99 No response

4. 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