CLACKAMAS COMMUNITY COLLEGE

MAIL-IN OR FAX REGISTRATION FORM

Please use black or blue ink to complete this form. Thank you for printing.

Indicate if you are a ☐ Returning ***or*** ☐ New ***student***

Social Security # ***or*** Student I.D.# _____ Birthdate ⋆ _____

Name _____
Last *First* *Middle* *Previous names*

Mailing address _____
Street *City* *State* *County* *Zip*

Telephone _____
Home *Work*

High school attended _____
name *location* *graduation date*

Today's date: _____

☐ Fall 20___
☐ Winter 20___
☐ Spring 20___
☐ Summer 20___

Providing your Social Security number is voluntary. If you provide it, the college will use your Social Security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any rights as a student. Please read the statement in the Schedule of Classes which describes how your number will be used. Providing your Social Security number means that you consent to the use of the number in the manner described.

⋆ If you're under 18, additional permissions may be required before you can register for classes.

5/2002

CCC would appreciate your response to the following.

Gender

☐ Male ☐ Female

Ethnicity

☐ American Indian/Alaska Native
☐ Asian/Pacific Islander ☐ Black/Non-Hispanic
☐ Hispanic ☐ White/Non-Hispanic

Residency/Student Type

Required for tuition purposes

☐ **In State (**US citizen or permanent resident of Oregon, CA, ID, WA, or NV 90 days prior to first day of class.)
☐ Immigrant ☐ Refugee ☐ Other

☐ **Out of State:**
☐ US citizen and permanent resident outside of Oregon, CA, ID, WA, or NV
☐ International visitor (B, J, H or other nonstudent Visa)
☐ International student (requires I-20)

Intended Academic Program

BEM Program code (see back page)

Previous College Attendance

☐ Yes ☐ No _____
name of school

Educational Goals

☐ Transfer classes
☐ Learn job skills
☑ Update job skills
☐ High school completion/GED
☐ Explore career/academics
☐ Reading/writing/math skills
☐ Learn English language
☐ Personal interest
☑ Other AS **Emergency Management**

Note: No more than 18 credits per term. Fees: $25/course Oregon residents; $30/course out-of-state Certificates must accompany each class.

☐ Initial registration this term ***or*** ☐ Add classes to current schedule

6-Digit Course Reg.#	A-F	P/NP	Audit	Course Title	Credits	Instructor Signature *(required once classes have begun)*	Tuition/Fees
						Ashbaugh	
						Total credits	

☐ Drop classes from current schedule

6-Digit Course Reg.#	A-F	P/NP	Audit	Course Title	Credits	Instructor Signature *(if dropping after the sixth week)*	Tuition/Fees
						Total credits	

Please indicate payment option
☐ Visa/MasterCard/Discover ☐ Check ☐ Senior Gold Card
☐ Tuition waiver ☐ Financial aid ☐ Purchase order attached

_____
Name on card

_____
Card number *Exp. date:*

_____
Signature

You may verify your enrollment by calling the telephone registration system, 503-656-6626 or by going to online registration on the Web at www.clackamas.cc.or.us

CASHIERS USE ONLY		RECEIPT #	
Tuition Assessed		Fees Assessed	
Cash Paid		Other	

FAX to: 503-650-6679 ***or*** Mail to: Richard Ashbaugh, Clackamas Community College, 19600 S. Molalla Avenue, Oregon City, OR 97045-7998