



# EXTENDED LEARNING REGISTRATION

For more information about Extended Learning, please visit us on the web at [www.lwtc.ctc.edu/ext](http://www.lwtc.ctc.edu/ext)

Enrollment Services  
 Lake Washington Technical College  
 11605 132ND AVE. NE  
 KIRKLAND, WA 98034-8506

PRINT CLEARLY • COMPLETE ALL UNSHADED AREAS • SIGN • NEW STUDENTS, COMPLETE REVERSE

Student ID Number (SID)* (This will be assigned if you do not have one) <input type="text"/>	<input type="checkbox"/> SUM <input type="checkbox"/> FALL <input type="checkbox"/> WTR <input type="checkbox"/> SPR For year 20 _____	Have you attended LWTC? <input type="checkbox"/> No <input type="checkbox"/> Yes, in year: _____	Day Phone (     )	Evening Phone (     )
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Family Name (Last Name) <input type="text"/>	First Name ( print clearly as many letters as fit) <input type="text"/>	Middle Initial (if any) <input type="text"/>
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Address — Number & Street, Route & Box or P.O., or Apt # <input type="text"/>	E-mail address (print clearly) <input type="text"/> @
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City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Date of Birth (MM/DD/YYYY; for example 07/30/1980) <input type="text"/> / <input type="text"/> / <input type="text"/>
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Do you have a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc?  
 Yes    No

How will your course work relate to your current or future work? (Check one.)

**REQUESTED CLASS SCHEDULE (ADDS OR DROPS)**  
 Valid item numbers must be provided. See Class Schedule or go to <http://www.lwtc.ctc.edu/studenttoolbox>.

Check One	Item No. Example: 9565	Course Department & Number Example: ENGL 101	Credits
<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="text"/>		
<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="text"/>		
<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="text"/>		

- 11 Gain skills for a new job or career
- 12 Gain skills for my current job or career
- 13 Improve skills for a career change
- 14 Does not apply
- 90 Other

What is your main long-term purpose for attending this college? (Check one.)

- 11 Take courses related to current or future work
- 12 Transfer to a 4-year college and earn a degree
- 13 High school diploma or GED
- 14 Explore career direction
- 90 Other

**Credit Card Payment Information**

Credit Card Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_    Visa    MasterCard

\*\* Or you may enclose a check or money order.

Student Signature _____	Date _____
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Registration staff use only – initial and date <input type="text"/>	Agent of registrar Date reg. form received _____ Printed name _____
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\*Your SID is a college-assigned number unrelated to your social security number (SSN). Disclosure of your SSN is voluntary under P.L. 93-579, 7(a)(1), but the college may request it for reasons authorized under state law SB5509 (e.g., financial aid and official transcripts). Your SSN will not be used as your SID. If you are a new student, an SID will be assigned to you. The college provides equal opportunity in education and does not discriminate on the basis of age, color, national origin, sex or disability.  
**IMPORTANT – ALL NEW STUDENTS AND OTHERS AS DIRECTED BY STAFF MUST COMPLETE PAGE 2 OF THIS FORM**

**INSTRUCTIONS:**

Complete the sections below  
if:

- You are a new student (never registered before at Lake Washington Technical College);
- OR your citizenship, permanent resident, refugee, or visa information changes;
- OR College staff require the information to verify, update, or complete required data for your records.

**CITIZENSHIP – Complete ONE category only.**

U.S. Citizen?  Yes;  No **If no, go to next line.**

Resident alien?  Yes;  No **If yes, alien number:**  
Refugee?  Yes;  No **If yes, I-94 number:**  
**If no to both, go to next line.**

If none of the above, **Visa type** (example, H-4):  
**If no visa, go to next line.**

Other status in the U.S.? Explain:

**WHAT RACE DO YOU CONSIDER YOURSELF TO BE? – Please mark only one box.**

- White/Caucasian (800)  
 Black/African-American (870)  
 Alaskan Native or American Indian (597)  
 Asian or Pacific Islander (621)  
 Spanish or Hispanic  Yes (717)  No (999)  
 Multicultural \_\_\_\_\_ (799)  
 (Parents represent different racial ethnic groups.)  
 Other race (998)

**REASON FOR ENROLLING – Check only one.**

*Note: if you are pursuing a degree or certificate, you must apply for admission.*

- |   |   |
|---|---|
| <input type="checkbox"/> <b>F</b> Associate (AAS) degree. Program (major):<br>_____ | <input type="checkbox"/> <b>G</b> Applicant                                 |
| <input type="checkbox"/> <b>F</b> Certificate. Program (major):<br>_____            | <input type="checkbox"/> <b>J</b> Improve job skills                        |
| <input type="checkbox"/> <b>B</b> College/university transfer                       | <input type="checkbox"/> <b>K</b> Home, family life (e.g. parent education) |
| <input type="checkbox"/> <b>E</b> Adult Basic Education                             | <input type="checkbox"/> <b>L</b> Personal enrichment                       |
| <input type="checkbox"/> <b>D</b> Obtain HS diploma or GED certificate              | <input type="checkbox"/> <b>M</b> See if I do well                          |
|   | <input type="checkbox"/> <b>X</b> Undecided                                 |
|   | <input type="checkbox"/> <b>Y</b> Other _____                               |

**MEDICAL INSURANCE (Informational Only)**

Depending on your program, Medical Insurance may be required. Training may require simulated, hands-on work experience.

You may purchase student accident insurance for a minimum sum. See Enrollment Services for further information.

SEX  Male  Female

**WASHINGTON STATE OUTCOMES – Check one response per question. The college is required to collect this information.****How long do you plan to attend this 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

**What is your current work status while attending?**

11. Full-time homemaker  
 12. Full-time employment  
 13. Part-time off-campus  
 14. Part-time on-campus  
 15. Not employed, seeking employment  
 16. Not employed, not seeking employment  
 90. Other

**What is your prior level of education at entry to LWTC?**

11. Less than high school graduation  
 12. GED  
 13. High school graduate  
 14. Some post high school, but no degree or certificate  
 15. Certificate (less than two years)  
 16. Associate degree  
 17. Bachelor's degree or above  
 90. Other

**What was your family status when you started at LWTC?**

**Were you ...**

11. A single parent with children or other dependents in your care.  
 12. A couple with children or other dependents in your care.  
 13. Without children or other dependents in your care.  
 90. Other

College staff use only: