

CORPORATE AND CONTINUING EDUCATION REGISTRATION FORM



Clark College
 Corporate and Continuing Education
 1933 Fort Vancouver Way, TBG 232
 Vancouver, WA 98663-3598
 Phone: (360) 992-2939
 Fax: (360) 992-2883
 www.clark.edu/mycce

Quarter of Registration

- Summer Fall
 Winter Spring

20_____

Student Identification Number _____ *Social Security Number _____

First _____ Last _____ Middle Initial _____

Street Address or PO Box _____

City _____ State _____ Zip _____ Telephone _____ Employer _____

Evening Phone _____ Previous Name _____ Date of Birth _____

Email Address _____

Yes, I wish to be notified of online registration and upcoming classes by e-mail

Completely fill in boxes.

1. Have you been a Washington resident for the last 12 months?

- Yes No

2. What is your reason for enrolling? Check one box.

- J. Improve job skills in present occupation
 L. Personal enrichment

3. How will your coursework relate to your current or future work? Check one box.

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

4. What is your main goal for attending this college? Check one box.

11. Take courses related to current or future work
 15. Personal enrichment

5. Are you male or female?

- Male Female

6. Please indicate what race(s) you consider yourself to be:

800. White
 611. Japanese
 619. Vietnamese
 605. Chinese
 872. African American
 653. Native Hawaiian
 681. Pacific Islander
 612. Korean
 597. American Indian
 015. Alaska Native
 608. Filipino
 621. Other Asian
 799. Other Race

(please print)

7. Are you Spanish/Hispanic/Latino Ethnicity? Check one box.

- No
 722. Yes, Mexican, Mexican American, Chicano
 727. Yes, Puerto Rican
 709. Yes, Cuban
 Yes, Other Spanish/Hispanic/Latino

(please print)

8. How long do you plan to attend Clark College?

11. One quarter
 12. Two quarters
 13. One year
 14. One to two years
 15. Long enough to complete a degree
 16. I don't know
 90. Other

9. What is your current work status?

11. Full-time homemaker
 12. Full-time employment
 13. Part-time off-campus
 14. Part-time on-campus
 15. Not employed, but seeking employment
 16. Not employed, not seeking employment
 72. TANF
 73. Low Income
 80. Dislocated workers with substantial tenure
 81. Short-term dislocated workers
 82. Workforce training other
 90. Other

10. What is the highest level of education that you have completed?

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

11. What is your family status?

11. Single parent with children or dependents
 12. Couple with children or dependents
 13. Without children or dependents
 90. Other

* To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Life Time tax credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e)(4) for more information). Pursuant to state law (RCW28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

