

New OIP Student Info

 Student Name _____
Last (Surname)
First
Middle Initial

Student ID Number ____ - ____ - ____ Birthdate ____ - ____ - ____ MM-DD-YYYY

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Email Address _____

Cell Phone _____ Home Phone _____

Previous Name(s) _____

 Male Female

 First quarter: SUM FALL WTR SPR **20**

 A. Services are available for students who have special needs due to a disability. Would you like our staff to contact you with more information? Yes No

 B. What is your visa type? _____
 · If your visa type is B, F, J, M, or TN you must go through the Office of International Programs.
 · If your visa type is A, E, G, H, I, K, L, or R the Enrollment Services Office will assist you.
 · If you do not have a visa, what is your status:
 I am a US citizen
 Other (please explain) _____

C. Last High School attended	State/Country	Years Attended: ____ to ____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last college, voc/tech, university attended	State/Country	Years Attended: ____ to ____ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Turn over for more questions

Which race(s) do you consider yourself to be? (Optional) (Mark up to two boxes)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Alaska Native (015) | <input type="checkbox"/> Cambodian (604) | <input type="checkbox"/> Indonesian (610) | <input type="checkbox"/> Samoan (655) |
| <input type="checkbox"/> American Indian (597)* | <input type="checkbox"/> Chinese (605) | <input type="checkbox"/> Japanese (611) | <input type="checkbox"/> Taiwanese (606) |
| <input type="checkbox"/> Arabian (801) | <input type="checkbox"/> Eskimo (935) | <input type="checkbox"/> Korean (612) | <input type="checkbox"/> Thai (618) |
| <input type="checkbox"/> Asian, Indian (600) | <input type="checkbox"/> Fijian (676) | <input type="checkbox"/> Nepali (635) | <input type="checkbox"/> Tlingit (017) |
| <input type="checkbox"/> Asian, Other (621) | <input type="checkbox"/> Filipino (608) | <input type="checkbox"/> Pacific Islander, Other (681) | <input type="checkbox"/> Vietnamese (619) |
| <input type="checkbox"/> Black or African American (872) | <input type="checkbox"/> Hawaiian, Native (653) | <input type="checkbox"/> Pakistani (616) | White (800) |

D. Other Race: _____

* If American Indian, please list name of enrolled or principal tribe: _____

Are you of Spanish/Hispanic origin? (Optional) (Please mark only one box)

- | | | |
|---|---|---|
| <input type="checkbox"/> No, (not Spanish/Hispanic) (999) | <input type="checkbox"/> Yes, Mexican, Mexican-Am., Chicano (722) | <input type="checkbox"/> Yes, Spanish (731) |
| <input type="checkbox"/> Yes, Central American (704) | <input type="checkbox"/> Yes, Puerto Rican (727) | |
| <input type="checkbox"/> Yes, Cuban (709) | <input type="checkbox"/> Yes, South American (729) | |
| <input type="checkbox"/> Yes, other Spanish/Hispanic: _____ | | |

How long do you plan to attend Edmonds College?

- | | |
|--|--|
| <input type="checkbox"/> One quarter (11) | <input type="checkbox"/> Up to two years, no degree planned (14) |
| <input type="checkbox"/> Two quarters (12) | <input type="checkbox"/> Long enough to complete a degree (15) |
| <input type="checkbox"/> One year (13) | <input type="checkbox"/> Don't know (16) |

What is your current work status while attending college?

- Not employed, but seeking employment (15)
 Not employed, not seeking employment (16)

E. What was your most recent educational level completed?

- | | |
|---|---|
| <input type="checkbox"/> Less than high school graduation (11) | <input type="checkbox"/> Certificate (less than two years) (15) |
| <input type="checkbox"/> GED (12) | <input type="checkbox"/> Associate degree (16) |
| <input type="checkbox"/> High school graduate (13) | <input type="checkbox"/> Bachelor's degree or above (17) |
| <input type="checkbox"/> Some post high school, but no degree or certificate (14) | |

Please check the one that applies to you. I am:

- a single parent with children or other dependents in your care (11)
 a couple with children or other dependents in your care (12)
 without children or other dependents in your care (13)

F. I hereby certify under penalty of perjury under the laws of the state of Washington RCW 9A.72.085 that to the best of my knowledge, all statements on this form are true and correct.

Signature: _____ Date: _____

OFFICE USE ONLY								
SSN/NAME CHECK	RESIDENCY CODE	FEE PAY STATUS	TYPE	COUNTRY CODE	DATE ENTERED	ENTERED BY	AUDITED DATE	AUDITED BY
	2							