EDMONDS COLLEGE

Registration Form

Student Name _____   _____   ___

Last (Surname)   First   Middle Initial

Student ID Number   958 - 03 - _____   **Birthdate**   ___ - ___ - _____   MM-DD-YYYY

Did your phone number or address change?   ☐ Yes   ☐ No

If yes, make changes:

- Online: Go to edcc.edu/students and click on "Home Address/Phone Number Change".
- In person: Go to Enrollment Services, 1st floor, Lynnwood Hall.

☐ SUM ☒ FALL ☐ WTR ☐ SPR 2020	OFFICE USE ONLY	RES	FEE PAY	INT	PURP	TYPE	PROCESSED BY

What is your main long term goal for attending Edmonds College?	**What is your program of study? If possible, provide program code. (i.e. AAUD)**
☐ Take courses related to current or future work (11) ☐ Transfer to a four-year college (12) ☐ High school diploma or GED (13) ☐ Explore career direction (14) ☐ Personal enrichment (15) ☐ Other (90)	☐ I know my program code. It is: _____ ☐ I do not know my program code, but I plan to study: _____ ☐ I am undecided on my program of study. ☐ I do not have a program.

	ITEM NUMBER (4-DIGITS)	SEC. LTR.	DEPARTMENT ABBREVIATION	COURSE NO. (3-DIGITS)	CREDITS	OFFICE USE ONLY	DAY/TIME	Entry Code / Instructor's Signature / Comments
	9 8 7 6	B	ENGL	1 0 1	5	Example	M-Th, 9:30-10:20	If needed, provide instructor permission
ADD								

DROP						− *
						− *
						− *
						− *
						− *
						− *
						− *

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.

_____   _____
STUDENT SIGNATURE   DATE

_____   _____
ADVISOR'S SIGNATURE
(If required)   DATE

All important information from the college goes through **EdMail**. For more information, go to **edcc.edu/edmail**

☐ Use reverse side for notes, if needed.

Rev. 7/21/2020