

Refund policy: For courses lasting 2 weeks or less, refunds will be given if officially dropped prior to the **class start date**. You may call the Drafting office to assist you. In cases of special circumstances, students may mail their refund request to the college's Refund Committee.

Returning students can register online at www.clackamas.edu.

For more information, call 503-657-6958 ext. 2379.



QUICK ENTRY REGISTRATION FORM 2008 -2009

Social Security # **or** Student I.D.# _____ Birthdate * _____ Today's Date _____

Name _____
Last First Middle Previous names

Mailing address _____
Street City State County Zip

Telephone _____
Home Work

High school attended _____
Name Location Graduation Date

SUMMER FALL
 WINTER SPRING

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.

<p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Ethnicity <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Non-Hispanic</p> <p>Residency/Student Type (Required for tuition purposes)</p> <p><input type="checkbox"/> In State (US citizen or permanent resident of Oregon, CA, ID, WA, or NV 90 days prior to first day of class.) <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Out of State</p> <p><input type="checkbox"/> US citizen and permanent resident outside of Oregon, CA, ID, WA, NV <input type="checkbox"/> International visitor (B, J, H or other nonstudent Visa) <input type="checkbox"/> International student (requires I-20)</p>	<p>Intended Academic Program Program Code/Title _____</p> <p>Previous College Attendance <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School _____</p> <p>Reason for Enrolling</p> <table border="0"> <tr> <td><input type="checkbox"/> Transfer classes</td> <td><input type="checkbox"/> Reading/writing/math skills</td> </tr> <tr> <td><input type="checkbox"/> Learn job skills</td> <td><input type="checkbox"/> Learn English language</td> </tr> <tr> <td><input type="checkbox"/> Update job skills</td> <td><input type="checkbox"/> Personal interest</td> </tr> <tr> <td><input type="checkbox"/> High school completion/GED</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Explore career/academics</td> <td></td> </tr> </table>	<input type="checkbox"/> Transfer classes	<input type="checkbox"/> Reading/writing/math skills	<input type="checkbox"/> Learn job skills	<input type="checkbox"/> Learn English language	<input type="checkbox"/> Update job skills	<input type="checkbox"/> Personal interest	<input type="checkbox"/> High school completion/GED	<input type="checkbox"/> Other	<input type="checkbox"/> Explore career/academics	
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Crs. Reg.#	Section No./Course Title	Credits/CEU	Time	M	T	W	Th	F	S	Room	Start Date	Crs. Fee/Tuition
176668	CAD 170-01 Intro. to VBA Programming	1	8A-5P						XX	B277	5/15	\$495

Payment by:

VISA/Mastercard/Discover Check Cash Other

Card # _____ Exp. Date _____
Name on card _____
Signature _____

FAX to: 503-722-5864 or Mail to:
Registrar, Clackamas Community College
19600 Molalla Avenue
Oregon City, OR 97045-7998

A registration confirmation will not be mailed. Please verify your enrollment by going to cougartrax@clackamas.edu