

# Big Bend Community College—Class Registration Form

## ALL STUDENTS—SECTION 1—ALL STUDENTS

Student ID Number	Quarter of Registration <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring 20_____	Student Status <input type="checkbox"/> New <input type="checkbox"/> Returning
-------------------	---	--

Last Name (Please Print) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address No. & Street, Route & Box or P.O. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone-Day (    ) \_\_\_\_\_ Phone-Evening (    ) \_\_\_\_\_

List All Previous Names Here \_\_\_\_\_ Birthdate: Mo./Day/Year \_\_\_\_\_ Program/Major \_\_\_\_\_

<p><b>What is your main long term goal for attending this community college? (Check one box)</b></p> <p><input type="checkbox"/> 11 Take courses related to current or future work.                      <input type="checkbox"/> 14 Explore career direction.</p> <p><input type="checkbox"/> 12 Transfer to a four-year college.    <input type="checkbox"/> 15 Personal enrichment.</p> <p><input type="checkbox"/> 13 High school diploma or GED.    <input type="checkbox"/> 90 Other.</p>	<p><b>Please answer this question the first time you enroll at BBCC.</b></p> <p>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.?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
<p><b>Clearly Print Class Schedule</b></p>	

Course		Credit	Item No.	Sec	Circle Days	Beginning Time	Ending Time	Room	Instructor	*Grading Option <small>see instructions</small>
Dept.	Number									
					M T W Th F					
					M T W Th F					
					M T W Th F					
					M T W Th F					
					M T W Th F					
					M T W Th F					
					M T W Th F					
					M T W Th F					
					M T W Th F					
					M T W Th F					
					M T W Th F					
					M T W Th F					

**\*Grading Option Column:**

- ◆ Leave this column blank if you want a decimal grade for this course.
- ◆ Put a "P" in this column if you want this course graded on a Pass/Fail basis.
- ◆ Put an "A" in this column if you want to audit (no credit/ no grade) this course.

---

**Terms:** It is your responsibility to know college enrollment policies, procedures, and deadlines. Unpaid balances may be subject to collections and you may be responsible for any collection & legal fees. Your signature affirms that you agree to these terms.

**← Total Credits**

**OFFICE USE ONLY**

Terminal \_\_\_\_\_

**REFUND POLICY**

Please see the class schedule page on the BBCC website for complete refund information.

Student's Signature: X \_\_\_\_\_ Date   /  /  

Advisor's Signature: X \_\_\_\_\_ Date   /  /  

**NEW STUDENTS: YOU MUST COMPLETE ALL QUESTIONS ON THE REVERSE SIDE OF THIS PAGE, IF YOU HAVE NOT COMPLETED AN APPLICATION FOR ADMISSION!**

## NEW STUDENTS—SECTION 2—NEW STUDENTS

<input type="checkbox"/> Male	<b>Are you a veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If not a U.S. Citizen, what is your immigration status?</b>	<input type="checkbox"/> Student (F-1) <input type="checkbox"/> Refugee(RF)	<input type="checkbox"/> Immigrant/Permanent Resident (IM) <input type="checkbox"/> Other _____
-------------------------------	---	--	--	--	--

<b>Student ID Number</b>	<b>Last College Attended</b>	<b>City</b>	<b>State</b>	<b>Year</b>	<b>Graduated</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------	------------------------------	-------------	--------------	-------------	--

How long have you resided in Washington State? Years \_\_\_\_\_ Months \_\_\_\_\_

Were you financially independent from your parent or legal guardian for the previous calendar year?  Yes  No

If no, how long has your parent or legal guardian resided in Washington State?  
Years \_\_\_\_\_ Months \_\_\_\_\_

Are you active duty military, spouse, or dependent child of same?  Yes  No

If yes, when was the active duty military person first stationed in Washington?  
Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

**Commitment to Diversity**

Big Bend Community College offers a variety of academic, financial, cultural, and personal support services to interested students. We are committed to enrolling a diverse student body.

- |  |   |
|--|---|
| <input type="checkbox"/> <b>White/Caucasian (800)</b><br><input type="checkbox"/> <b>Alaskan Native or Native American (597)</b><br><input type="checkbox"/> <b>African American (870)</b><br><input type="checkbox"/> <b>Chinese (605)</b><br><input type="checkbox"/> <b>Vietnamese (619)</b><br><input type="checkbox"/> <b>Japanese (611)</b><br><input type="checkbox"/> <b>Korean (612)</b><br><input type="checkbox"/> <b>Other Asian or Pacific Islander (621)</b><br><input type="checkbox"/> <b>Filipino (608)</b> | <input type="checkbox"/> <b>Other Race (specify) (622)</b><br>_____<br><input type="checkbox"/> <b>Hispanic (717)</b><br><input type="checkbox"/> <b>Mexican, Mexican-American (722)</b><br><input type="checkbox"/> <b>Other Spanish/Latino (for example: El Salvadorian, Guatemalan, etc.)</b><br>_____ |
|--|---|

Has either of your parents/guardians received a bachelor's degree (4 year degree)?  
 Yes  No

Do you have a GED certificate?  
 Yes  No

If at BBCC, what year \_\_\_\_\_

<b>Last High School Attended</b>	<b>City</b>	<b>State</b>	<b>Year</b>	<b>Graduated</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------	-------------	--------------	-------------	--

**How long do you plan to attend Big Bend Community College?**  
Select the number that BEST applies to you and check that box.

- 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— Do not know.
- 90— Other.

**What is your current work status while attending college?**  
Select the number that BEST applies to you and check that box.

- 11— Full-time homemaker.
- 12— Full-time employment (including self-employed and military).
- 13— Part-time off-campus.
- 14— Part-time on-campus.
- 15— Not employed, but seeking employment.
- 16— Not employed, not seeking employment.
- 90— Other.

**What is your prior level of education at entry to Big Bend Community College?**  
Select the number that BEST applies to you and check that box.

- 11— Less than high school graduation.
- 12— GED.
- 13— High school graduate.
- 14— Some post-high school, no degree or certificates.
- 15— Certificate (less than two years).
- 16— Associate Degree.
- 17— Bachelor's Degree or above.
- 83— Tech Prep.
- 90— Other.

**What is your family status?**  
Select the number that BEST applies to you and check that box.

- 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.