

Please send an Application for Admission. I wish to continue as a degree-seeking student

Today's Date: _____

1. EWU ID OR SSN NUMBER	2. Last Name	First Name	Quarter	Year										
<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td> </tr> </table>													Mid. Init.	Former Name
3. Mailing Address <input type="checkbox"/> Change required		4. Telephone (where you may be reached between 8:00 a.m.-5:00 p.m.)												
Number & Street _____		Type: Home Cell Other												
City _____ State _____ Zip _____		Area Code _____ Number _____ Work Msg												
		5. E-Mail Address Type: Personal Business Other												

6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
8. Have you previously earned credit through EWU? <input type="checkbox"/> No <input type="checkbox"/> Yes - Last Qtr/Year Attended	
9. Classification Category Based on Completed Credits: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post-Baccalaureate <input type="checkbox"/> Fifth Year/Certification	
10. Directory Information (e.g. Name, Address, Phone Number, etc.) <input type="checkbox"/> Please restrict my address and personal information	

11. Washington Student Lobby: The Washington Student Lobby is a statewide organization which helps Eastern in its lobbying efforts in Olympia. Through contributions, WSL is able to represent EWU student concerns in the State Legislature. Please Donate -- it is only \$2.
 YES, I will contribute to WSL. Please charge my account.
 NO, I do not wish to contribute to WSL.

12. RESIDENCY INFORMATION (Required)	
a. Date of Birth _____ Month / Day / Year	Birthplace: _____ City / State / Country if other than U.S.
b. Are you a resident of Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate Time Frame Req)	From _____ to _____ or <input type="checkbox"/> On-Going Month / Year / Month / Year
c. Country of citizenship: <input type="checkbox"/> U.S.A. (Skip to # 13) <input type="checkbox"/> Other (Country Required)	Specify Country _____ (Go on to # 11)
d. What is your country of permanent residence? _____	
e. Current or expected visa type and expiration date: _____	Or permanent resident number A - _____
f. Driver's License number or State ID _____	Expiration Date: _____ Issuing State _____
g. Are you a United States military veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes	And/Or are you the child of a deceased veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes
h. Are you an employee of EWU? <input type="checkbox"/> No <input type="checkbox"/> Yes	

13. RACIAL/ETHNIC INFORMATION (Optional)	
a. How do you describe yourself?	
<input type="checkbox"/> Black/African American (870) <input type="checkbox"/> White/Caucasian (800) <input type="checkbox"/> Aleut (941) <input type="checkbox"/> Eskimo (935) <input type="checkbox"/> Native American: _____ (_____)	
<i>Asian or Pacific Islander:</i> <input type="checkbox"/> Asian Indian (600) <input type="checkbox"/> Filipino (608) <input type="checkbox"/> Japanese (611) <input type="checkbox"/> Korean (612) <input type="checkbox"/> Multiracial: _____ (_____)	
<input type="checkbox"/> Chinese (605) <input type="checkbox"/> Guamanian (660) <input type="checkbox"/> Samoan (655) <input type="checkbox"/> Vietnamese (619) <input type="checkbox"/> Other Race: _____	
<input type="checkbox"/> Other Asian or Pacific Islander: _____ <small>Specify one group (Example: Cambodian, Laotian, Thai, etc.)</small>	
b. Are you of Spanish/Hispanic origin?	
<input type="checkbox"/> No (999) <input type="checkbox"/> Yes, Cuban (709) <input type="checkbox"/> Yes, Other Spanish/Hispanic: _____	
<input type="checkbox"/> Yes, Puerto Rican (727) <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano (722)	
<small>Indicate one group (Example: Argentinean, Colombian, Nicaraguan, etc.)</small>	
c. Other than English, what language(s) do you speak fluently? _____	

14. REGISTER COURSES

(Students Waitlisted for courses may be added or dropped by the Department/Instructor up to the 10th day of the quarter; students are responsible for officially dropping or withdrawing from any courses that have been waitlisted or enrolled that the student no longer wants to take. *Instructor signature required beginning sixth day of quarter. Registration Fee assessed beginning sixth day of quarter. Add Fee assessed beginning 11th day of quarter.)

COURSE ID	Subject Code (Ex: E N G L)	Course #	Section #	Course Title	Credits	Class Days	Start Time	End Time	Location Bldg/Room	*Instructor Sign. (If Req.)	Grade Option	Repeat
1.												
2.												
3.												
4.												
5.												
Total Credits												

Method of Payment	If Credit Card: <input type="checkbox"/> Visa or <input type="checkbox"/> Mastercard
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Payment Amt: \$ _____ (U.S. Dollars) Account No. _____ Exp. Date _____

15. NOTE: As a non-degree seeking student, I may take up to 15 credits, at which time I must submit an Application for Admissions, application fee, and official transcripts. I understand that, as a non-degree seeking student, I am not officially admitted to the University and therefore are not eligible to apply for financial aid. I understand that I will be held academically and financially responsible for all registered and waitlisted course sections I make. I understand that I am responsible for making sure that my registration is correct at all times during the quarter. Submission of this Registration Form obligates me for payment of tuition and fees. Failure to attend classes or adhere to quarter registration/payment deadlines does not relieve me of my academic and/or financial obligations.
I have read and understand the student responsibility statement and am aware of my responsibilities as an EWU Student.

Student Signature _____ Date _____ Check if authorizing payment by Credit Card.