REGISTRATION (ADD/DROP)

LAKE WASHINGTON INSTITUTE OF TECHNOLOGY

All new students must complete reverse side of this form

PRINT CLEARLY • COMPLETE ALL UNSHADED AREAS • SIGN

Student ID Number (SID)*	Quarter	Did you attend LWTech before?	Day Phone	Date of Birth - MM/DD/YYYY
		☐ No		for example 07/30/1980
	Year	☐ Yes, in year:	Evening Phone	

Last Name (Family Name)	First Name (**print clearly** as many letters as fit)	Middle Initial (if any)

Address — Number & Street, Route & Box or P.O., or Apt #	E-mail address (print clearly)
	@

City	State	Zip Code	☐ Yes ☐ No Veterans and/or their dependents may qualify for educational benefits. Please check "Yes" if you would like additional information

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.? ☐ Yes ☐ No	☐ Yes ☐ No Former Foster Youth may qualify for educational benefits and support services. Please check "Yes" if you have been in Washington State foster care for at least one year since your 16th birthday.

REQUESTED CLASS SCHEDULE (ADDS OR DROPS)
Valid item numbers must be provided. See Class Schedule http://www.lwtech.edu/academics/class-schedule/.

Check box Add or Drop	Item No. Example: 9565	Course Department & Number Example: ENGL&101	Credits For variable credit	Instr. Permission After quarter start or prerequisite override
Add ☐ Drop ☐				
Add ☐ Drop ☐				
Add ☐ Drop ☐				
Add ☐ Drop ☐				
Add ☐ Drop ☐				
Add ☐ Drop ☐				
Add ☐ Drop ☐				

How will your course work relate to your current or future work? (Check one.)
- ☐ 11 Gain skills for a new job or career
- ☐ 12 Gain skills for my current job or career
- ☐ 13 Improve skills for a career change
- ☐ 14 Does not apply
- ☐ 90 Other

What is your main long-term purpose for attending this college? (Check one.)
- ☐ 11 Take courses related to current or future work
- ☐ 12 Transfer to a 4-year college and earn a degree
- ☐ 13 High school diploma or GED
- ☐ 14 Explore career direction
- ☐ 90 Other

PAYMENT DEADLINE - When registering for courses you are obligated to pay the tuition and fees for those classes on the first day of the quarter. Students are encouraged to pay at the time of registration or to enroll in the payment plan program. If you enroll in a payment plan you must withdraw by the scheduled refund dates to receive the level of refunds outlined in the college's refund policy. Students who enroll after the first day of the quarter must pay tuition and fees at the time of registration. **Students with tuition and fees that have not been received by the end of the 5th day of the quarter are subject to being dropped from classes.** Unpaid balances may be subject to collections and you may be responsible for any collection and legal fees.

Faculty or Advisor	Student Signature	Date
Signature		
Printed Name	Dean(VP) signature (For over 22-26 credits load)	

Registration staff use only – initial and date

Agent of registrar
Date reg. form received _____
Printed **name** _____
Signature _____

Please complete the sections below

CITIZENSHIP – *Complete ONE category only.*

U.S. Citizen? ☐ Yes; ☐ No **If no, go to next line.**

Resident alien? ☐ Yes; ☐ No **If yes, alien number:**
Refugee? ☐ Yes; ☐ No **If yes, I-94 number:**
If no to both, go to next line.

If none of the above, **Visa type** (example, **H-4**):
If no visa, go to next line.

Other status in the U.S.? Explain:

WHAT RACE DO YOU CONSIDER YOURSELF TO BE? – *Please mark only one box.*

☐ African-American (870)
☐ Alaskan Native (015)
☐ American Indian (597)
☐ Chinese (605)
☐ Other Asian (621)
☐ Spanish or Hispanic ☐ Yes (717) ☐ No (999)
☐ White/Caucasian (800)
☐ Multicultural _____ (799)
(Parents represent different racial ethnic groups.)
☐ Other race (998)

REASON FOR ENROLLING – *Note: if you are pursuing a degree or certificate, you must apply for admission.*

In the absence of a choice of program, students will be assigned to a program code that matches their course selection.

☐ **F** Associate (AAS) degree. Program (major): _____

☐ **F** Certificate. Program (major): _____

☐ **B** College/university transfer
☐ **E** Adult Basic Education
☐ **D** Obtain HS diploma or GED certificate

☐ **G** Applicant
☐ **J** Improve job skills
☐ **K** Home, family life (e.g. parent education)
☐ **L** Personal enrichment
☐ **M** See if I do well
☐ **X** Undecided
☐ **Y** Other_____

The college appreciates your response to the following questions. All information will be maintained with the strictest confidentiality.

What is your sexual orientation?
☐ 72 Bisexual
☐ 99 Gay
☐ 21 Lesbian
☐ 28 Queer
☐ 23 Straight/heterosexual
☐ 01 Other
☐ 57 Prefer not to answer

What is your gender identity?
☐ 22 Feminine
☐ 77 Masculine
☐ 52 Androgynous
☐ 35 Gender neutral
☐ 27 Transgender
☐ 01 Other
☐ 57 Prefer not to answer

SEX ☐ Male ☐ Female

WASHINGTON STATE OUTCOMES – Check <u>one</u> response per question. The State of Washington requires the college to collect this information.

How long do you plan **to attend** this **college**?
☐ 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. Don't know
☐ 90. Other

What is your current work status while attending?
☐ 11. Full-time homemaker
☐ 12. Full-time employment
☐ 13. Part-time off-campus
☐ 14. Part-time on-campus
☐ 15. Not employed, seeking employment
☐ 16. Not employed, not seeking employment
☐ 90. Other

What is your prior level of education at entry to LWTech?
☐ 11. Less than high school graduation
☐ 12. GED
☐ 13. High school graduate
☐ 14. Some post high school, but no degree or certificate
☐ 15. Certificate (less than two years)
☐ 16. Associate degree
☐ 17. Bachelor's degree or above
☐ 90. Other

What was your family status when you started at LWTech?
Were you ...
☐ 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

MEDICAL INSURANCE (Informational Only)
Depending on your program, Medical Insurance may be required. Training may require simulated, hands-on work experience. You may purchase student accident insurance for a minimum sum. See Enrollment Services for further information

Enrollment Services
West building, W201
11605 132nd Avenue NE, Kirkland, WA 98034-8506
Phone: (425) 739-8104
registration@lwtech.edu

Check services online at http://www.lwtech.edu/studenttoolbox