



evergreen

REGISTRATION FORM

Please complete ALL fields.

☐ new student ☐ on leave ☐ continuing

Evergreen ID# **A** _____ Chosen Name _____

Legal Name _____
Last First Middle

Mailing Address _____ City _____ State _____ Zip _____

Phone (____) _____ Alt. # (____) _____ E-Mail _____

FOR OFFICIAL USE ONLY	
<input type="checkbox"/> NonResident	<input type="checkbox"/> Resident <input type="checkbox"/> UG <input type="checkbox"/> GR
TOTAL CREDITS _____	Late fee? <input type="checkbox"/> NO <input type="checkbox"/> YES \$50 \$100
Student Accounts	
OK to reg? <input type="checkbox"/> YES <input type="checkbox"/> NO _____	
Financial Aid	
Eligibility Review <input type="checkbox"/> YES <input type="checkbox"/> NO _____	

ADD REGISTRATION

OFFERING TITLE	FACULTY SIGNATURE IF REQUIRED OR ADDING AFTER THE QUARTER BEGINS	CRN Course Reference Number	QUARTER Fall, Winter, Spring, Summer	NUMBER OF CREDITS

DROP REGISTRATION

OFFERING TITLE	CRN Course Reference Number	QUARTER Fall, Winter, Spring, Summer	NUMBER OF CREDITS

Emergency Contact _____ Phone (____) _____
Name Relationship

Address _____ City _____ State _____ Zip _____

Evergreen will release directory information such as permanent and local address(es), telephone number, enrollment confirmation and degree if earned, to outside inquires upon request unless you indicate confidentiality. If you wish to keep your information confidential, please ask for the Request for Confidentiality of Directory Information form.

I understand and accept the registration and payment policies of The Evergreen State College.

Signature _____ Date _____

FOR OFFICIAL USE ONLY	
INITIAL _____	DATE _____