

For more information, go to: http://www.foothill.edu/drc (650) 949-7017 (650) 917-1064 (FAX)

## NON-CREDIT REGISTRATION/COURSE ENROLLMENT FORM

Complete this joining you are a new student and submit it to the Foothill College Disability Resource office #5997

## IDENTIFICATION Name: Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_ Sex: $M: \square$ F: $\square$ Birth Date: / / YEAR: 20 SPRING SUMMER FALL WINTER TERM **CITIZENSHIP** Indicate the one that applies to you: US Citizen Refugee/Asylee Not a US Citizen or a Resident Permanent Resident F-1 Student Visa Other Status Temporary Resident Resident Alien Unknown **ETHNICITY** If "No", select one or more of the following: Are you Hispanic or Latino? Asian Indian Black or African American YES: NO: □ Cambodian American Indian or Alaskan Native Chinese Guamanian ☐ Hawaiian If "Yes", Select all that applies: Filipino Samoan Japanese Mexican, Mexican American or Chicano Other Pacific Islander ☐ Korean Central American ☐ Laotian White or Caucasian Middle Easterner South American ☐ Vietnamese Other Hispanic Other Asian

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## **EDUCATION**

| What is your highest Educational Level? (Mark only one box)   | What is your educational goal? (Mark only one box)  |
|---|---|
| <ul> <li>Not a graduate of/not enrolled in High school</li> <li>☐ Currently in High school</li> <li>☐ Currently pursuing cert. of High school equivalency</li> <li>☐ Received High School diploma</li> <li>☐ Received a Cert. of High School equivalency</li> <li>☐ Received a Cert. of CA High School Proficiency Exam</li> <li>☐ Received Associate degree</li> <li>☐ Received Bachelor degree or higher</li> </ul> | ☐ Earn a Certificate ☐ Formulate career plan ☐ Prepare for a new career ☐ Advance in current job/career ☐ Maintain certificate/license ☐ Educational development ☐ Improve basic skills ☐ Move from non-credit to credit courses ☐ Undecided on goals ☐ Other |
| NON-DISCRIMINATION POLICY  All programs offered by Foothill College shall be performed in a manner, which is free of discrimination on the basis of race, color, national origin, religion, sex, pregnancy, marital status, sexual-orientation, disability or veteran status.   |   |
| ENROLLMENT  |   |
| Class Title   | Location  |
|   |   |
| Signature:  | Date:   |
| By signing this form, I declare that the foregoing statements of fact provided by me are true and correct.  Note: If you are an F-1 or F-2 Visa holder, you cannot enroll in non-credit classes unless you are a current full-time student. Contact our International Student Admissions office at (650) 949-7293 for more information.   |   |
| OFFICE LICE ONLY  |   |
| OFFICE USE ONLY  Date Received: By: Ban  Notes:   | ner Input Date: <u>By:</u>  |

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