TERM **YEAR**
☐ Fall _____
☐ Spring
☐ Summer

REGISTRATION FORM

WARNER PACIFIC COLLEGE
2219 SE 68th Avenue · Portland, OR 97215

Date Submitted _____ **Note: Registration is not complete until all spaces are filled in.**

WPC Student ID No. _____ Social Security No. _____ Birthdate _____

☐ Male ☐ Female

Last Name_____ First Name_____ Mid Initial_____

Permanent
Home Address _____
City State Zip

U.S. Citizen?
☐ Yes ☐ No

Residence:
☐ On Campus
☐ Off Campus

Permanent Home Phone (_____)_____ WPC Box # _____

Address while
attending WPC _____
City State Zip

Cell Phone (_____) _____ Cell Phone Carrier _____

Local Telephone (_____) _____ Email Address you Prefer to Use _____

Emergency Contact Person _____ Phone (_____) _____ Alternate Phone (_____) _____

Ethnic Data is required by the Federal Government from the College for institutional compliance with Civil Rights Act of 1964. Response is voluntary:

☐ Nonresident Alien ☐ Race and Ethnicity unknown ☐ Hispanics of any race

For non-Hispanics only: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Two or more races

MAJOR PROGRAM
Major #1 ___ ___ ___
Major #2 ___ ___ ___
Minor ___ ___ ___
(See back of form for codes)

Month/Year you
expect to Graduate _____ / _____

CLASS STANDING
☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior
☐ Graduate
☐ Post-Baccalaureate

STATUS
☐ New Student
☐ Transfer Student
☐ Continuing Student
☐ Returning from Absence
☐ Co-Op Student

CO-OP STUDENT
☐ OICA
☐ Teacher Licensure
☐ Other
Home College:
_____

ADP STUDENT
Cohort _____

INTERNATIONAL STUDENT
ISS _____

Dept./Course/ Section No.	Course Title	Credits	List start and end times					
			M	T	W	H	F	Weekend
	Total number of credits that will be taken this semester at other institution(s)		Institution(s):					
	Total Credits:							

Degree Seeking?
☐ **Yes**
☐ **No**
☐ **Teacher Licensure Only**
☐ **Graduate Degree**

I acknowledge that I am solely responsible for this schedule, and for payment of all charges incurred as a result of this registration. Past due balances accrue at the current interest rate.

Student Signature_____

I acknowledge that I have reviewed this schedule.

Advisor's Signature_____