

- Fall
- Spring
- Summer I
- Summer II



# GLENDALE COMMUNITY COLLEGE



## Mail/Fax Registration Form

Semester of Enrollment 20\_\_\_\_\_ **New students who have not filed a Student Information Form should submit one with this form.**

Legal Name: \_\_\_\_\_ \*Soc. Sec./Student I.D. # \_\_\_\_\_ Tel. No.: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State law now requires that a person who is not a citizen or legal resident of the United States or who is without lawful immigration status is not entitled to classification as in-state student pursuant to A.R.S. Section 15-1802 or entitled to classification as a county resident pursuant to A.R.S. Section 15-1802.01. Although you have previously enrolled at this or another Maricopa Community College, it is important that you provide this information, even if you have been asked to provide similar information in the past.

Failure to provide the information requested below may result in your being now classified as out-of-state for tuition and fee purposes. The responsibility of providing the proper residency classification is placed upon the student. Any student who falsifies his/her residency may be subject to dismissal from the college and/or criminal action.

- United States Citizen (1)
- Legal Immigrant/Permanent Resident (2) Date of Issue \_\_\_\_\_ and Expiration Date \_\_\_\_\_ and Alien Registration Number \_\_\_\_\_
- Lawful Refugee or Asylee (3) Date of Issue \_\_\_\_\_ and Expiration Date \_\_\_\_\_ and Alien Registration Number \_\_\_\_\_
- Legal Nonimmigrant (4-9):  
Specify Immigration Classification \_\_\_\_\_ and Expiration Date \_\_\_\_\_ and Alien Registration Number or I-94 Number \_\_\_\_\_
- Do Not Qualify for Any of the Above
- Country of Citizenship \_\_\_\_\_
- AZ Department of Motor Vehicle License or ID Number \_\_\_\_\_ Date of Issue \_\_\_\_\_ and Expiration Date \_\_\_\_\_
- Do not possess an AZ Department of Motor Vehicle License or ID Number

I certify that the answers above are true, correct and complete.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**EMPLOYMENT HOURS:**

Per week while enrolled

- None (1)
- 1 - 10 (2)
- 11 - 15 (3)
- 16 - 20 (4)
- 21 - 30 (5)
- 31 or more (6)

**EDUCATIONAL GOALS:**

Students should **seek academic advisement** to discuss their educational plans. **Financial aid students** must be pursuing an eligible degree or certificate program.

**Do you plan to earn a degree or certificate from this college?**  
Check appropriate box. Enter degree or certificate code on blank line. Enter 7142 in space if undecided about program of study.

- Yes Degree \_\_\_\_\_  
Certificate \_\_\_\_\_
- No (7154) Area of study \_\_\_\_\_

**What is your primary reason for attending this college?** (select one)

- Prepare for employment (1)
- Improve my skills at my present job (3)
- For my personal interest or improvement (5)
- Transfer to another community college (6)
- Prepare for career change (4)
- Learn new skills for a better job (7)
- Transfer to a University (2)

\_\_\_\_\_  
Name of Transfer Institution

\_\_\_\_\_  
Name of Transfer Institution

\_\_\_\_\_  
Name of Degree or Certificate

\_\_\_\_\_  
Name of Transfer Major

**Registration Course Request:**

SUBJECT CODE	SECTION NUMBER	COURSE TITLE	INSTRUCTOR	DAYS	TIME		CR. HRS.	LIST COLLEGE OR UNIVERSITY WHERE PREREQUISITE WAS COMPLETED
					BEGIN	END		

**Total Hours:** \_\_\_\_\_

Academic Advisement is provided to assist students in understanding information, regulations and requirements set forth by Glendale College. It is the student's responsibility to remain currently informed of all regulations and to make ultimate choices with regard to course selection. I have read and understand the advisement and registration requirements on page 4 of this publication. I have read my course description and I am confident I have completed the required prerequisite(s).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\* The student's Social Security Number is generally used as the Student Identification Number. Students who choose not to disclose their Social Security Number will have a Student Identification Number assigned. Students should be aware that a correct Social Security Number must be on file for reporting information pertaining to potential tax credits, and must be used by applicants for federal and state aid. Failure to provide a correct Social Security Number may preclude the determination of eligibility for in-state residency, resulting in out-of-state tuition.

**Payment Information:**

- Bill me at the above address
- Charge my credit/debit card:  Master Card  Visa  Discover  American Express  College Card
- ACCOUNT # (\_\_\_\_)-(\_\_\_\_)-(\_\_\_\_)-(\_\_\_\_)-(\_\_\_\_) EXPIRATION DATE: (\_\_\_\_/\_\_\_\_)
- CARDHOLDER'S NAME: \_\_\_\_\_ CARDHOLDER'S SIGNATURE \_\_\_\_\_

Fax to: 623.845.3060 Mail to: Registration Office, Glendale Community College, 6000 W. Olive Ave., Glendale, AZ 85302

**Registration Confirmation will be mailed to the above address within 48 hours of the receipt of this form.**