



2018-2019 REGISTRATION FORM

STUDENT'S LEGAL NAME

PREFERRED FIRST NAME

Last

First

Middle

(if different)

MAILING ADDRESS

Street

City

State

Zip

SSN

DATE OF BIRTH

mm/dd/yyyy

GENDER: MALE FEMALE

HOME/CELL PHONE

STUDENT'S

PERSONAL EMAIL:

(high school issued email will not work)

HIGH SCHOOL

GRADUATION YEAR

PARENT EMAIL:

Check the appropriate boxes that apply to you:

Ethnic origin: Do you consider yourself of Hispanic/Latino origin?

Yes

No

In addition, select one or more of following that apply:

Black or African American

Asian

American Indian or Alaska Native

White

Native Hawaiian or other Pacific Islander

Other/No Answer

Release of Information: I authorize COCC to release information related to College Now courses and programs to representatives of my high school, school district, and parents/guardians listed below. The information released will be used for only the purposes of facilitating the College Now dual credit program. I understand that revocation of this permission is my responsibility.

Please print parent(s) name(s)

STUDENT SIGNATURE

(Your signature gives COCC permission to follow the above Release of Information.)

Date

NON-DISCRIMINATION POLICY: The goal of Central Oregon Community College is to provide an atmosphere that encourages our faculty, staff and students to realize their full potential. In support of this goal, it is the policy of the Central Oregon Community College that there will be no discrimination or harassment on the basis of age, disability, sex, marital status, national origin, ethnicity, color, race, religion, sexual orientation, gender identity, genetic information, citizenship status, veteran status or any other classes protected under Federal and State statutes in any education program, activities or employment. Persons having questions about equal opportunity and non-discrimination should contact the Equal Employment Officer, c/o COCC's Human Resources office.

SS NUMBER: SOCIAL SECURITY NUMBER: Once your initial Application for Admission is processed, you will be assigned a COCC ID number. Use this number to register for classes and other college related business. Providing your social security number (SSN) is voluntary. If you provide it, the College will use your SSN for keeping records, research and reporting, extending credit, processing debts, IRS reporting and allowing students access to the COCC/ OSU Cascades library systems. The College will not use your number to make any decision directly affecting you or any other person. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Please read the consent for information contained in the catalog, which describes how your number will be used. Providing your SSN means that you consent to use of the number in the manner described.



College **NOW**

2018-2019 REGISTRATION FORM

High School	COCC ID Number		
Last Name	First Name	Middle Initial	
COCC Course Title	Course Number	Credits	Fee (\$25 x credits)
Teacher		Period	CRN Section No. <i>COCC Use Only</i>
COCC Course Title	Course Number	Credits	Fee (\$25 x credits)
Teacher		Period	CRN Section No. <i>COCC Use Only</i>
COCC Course Title	Course Number	Credits	Fee (\$25 x credits)
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Teacher		Period	CRN Section No. <i>COCC Use Only</i>
COCC Course Title	Course Number	Credits	Fee (\$25 x credits)
Teacher		Period	CRN Section No. <i>COCC Use Only</i>
Total Fee			\$

Questions? Check out our website: cocc.edu/departments/college-now
 Still have questions? Email collegenow@cocc.edu or call 541.504.2930