



The Dalles Campus
 400 East Scenic Drive
 The Dalles, OR 97058
 Phone: 541-506-6011
 Fax: 541-298-3104

Hood River—Indian Creek Campus
 1730 College Way
 Hood River, OR 97031
 Phone: 541-308-8211
 Fax: 541-308-8202

Registration Form

Register Add Drop Phone In

Date: _____ 20____ Term: Fall Winter Spring Summer

Status: New CGCC Student Returning Student Currently enrolled at CGCC Senior (62+) Gender: Female Male

Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your social security number will not be given to the general public. If you choose not to provide your social security number, you will not be denied any rights as a student. Please read the statement in the class schedule which describes how your number will be used. Providing your social security number means that you consent to use of the number in the manner described.

CGCC Student Identification #: _____ - _____ Birth date: _____
 Mo/Day/Year

Name: _____
 Last First MI

Mailing Address: _____ City/State/Zip: _____

Telephone Number (s): _____
 Day Evening

E-Mail Address _____

Ethnicity: Hispanic/Latino: Yes No Not Reported

Race: American Indian/Native Alaskan Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Decline to answer

US Citizen? Yes No Permanent Resident Immigrant? Yes No Oregon resident for the past 90 days? Yes No

Current employment status: Full Time Part time (fewer than 35 hours/week) Not currently employed

What is your main reason for attending CGCC? Take high school completion courses Learn skills to get or keep a job
 Explore a new career area Start on a bachelors degree Improve reading, writing, or math skills
 Take courses for personal interest Explore an educational opportunity Undecided

What is your educational goal at CGCC? Earn a degree or certificate Complete a high school diploma
 No formal award – just take classes Undecided

If transferring where do you plan to transfer?

Another two-year college A four-year university Undecided Not transferring

REGISTER/ADD

CRN	COURSE NUMBER	COURSE TITLE	CREDITS

DROP – PLEASE INDICATE REASON FOR CLASS DROP

CRN	COURSE NUMBER	REASON	CREDITS

Student Signature: _____ Date: _____