

3. EDUCATION GOAL (Please enter the appropriate letter here)

- E. Earn a vocational certificate without transfer
- F. Discover/Formulate career interests, plans, goals
- H. Advance in current job/career (update job skills)
- J. Educational development
- K. Improve basic skills
- L. Complete credits for high school diploma or GED
- M. Undecided on goal

4. HIGHEST EDUCATIONAL LEVEL (Please enter the appropriate number here)

Year Attained

- 0. Not a graduate of, and no longer enrolled in high school
- 1. Special Admit Student – Will be enrolled at College of Marin and high school (or lower grades) at the same time
- 2. Enrolled in adult school
- 3. Received high school diploma
- 4. Passed the GED, or received a High School Certificate of Equivalency
- 5. Received a certificate California High School Proficiency
- 6. Foreign secondary school diploma/certificate of graduation
- 7. Received an associate degree
- 8. Received a bachelor degree or higher

5. EMERGENCY CONTACT (optional)

Last Name _____ First _____ Phone (_____) _____

Number and Street _____ Apt # _____

City _____ State _____ Zip Code _____

6. PAYMENT OF FEES (when applicable)

If you wish to pay by check, submit a **separate** check payable to College of Marin for **EACH** requested course. If you would like your MasterCard or Visa Card charged, please complete the following:

MasterCard Visa Card No. _____ Expiration Date _____

Please note: Refund requests must be received by the Community Education Office in writing at least three (3) working days prior to the start of the class. See the Community Education schedule or go to www.marincommunityed.org for more information.

7. STUDENT'S SIGNATURE

I declare that the foregoing statements of fact provided by me on this form are true and correct.

Signature _____ Date _____

ENROLLMENT

1 CRN*	DAYS	TIMES	COURSE TITLE	FEE	INSTRUCTOR'S NAME	AUTHORIZATION CODE**
2 CRN*	DAYS	TIMES	COURSE TITLE	FEE	INSTRUCTOR'S NAME	AUTHORIZATION CODE**
3 CRN*	DAYS	TIMES	COURSE TITLE	FEE	INSTRUCTOR'S NAME	AUTHORIZATION CODE**
4 CRN*	DAYS	TIMES	COURSE TITLE	FEE	INSTRUCTOR'S NAME	AUTHORIZATION CODE**

* CRN = 5-digit course reference number.

**To register for a class after it has begun, see the instructor for an authorization code.

OFFICE USE ONLY

Processed by _____ Date _____