

Entered by: _____

RQ sent: _____

Residence Code: _____

MAIL TO: Community Education Registration, College of Marin, 835 College Avenue, Kentfield, CA 94904

PLEASE CHECK: Fall 20 _____ Winter 20 _____ Spring 20 _____ Summer 20 _____

1. IDENTIFICATION

Student Identification Number or Social Security Number (optional)

Last Name

First Name Middle Initial

Previous Name used at COM if different from current name

Permanent Address (not a P.O. Box)
Number & Street Apt #
City State Nation ZIP

Mailing Address (if different from permanent address)
Number & Street
City State Nation ZIP

Birth Date (required) DAY MONTH YEAR
Example

Gender Male Female

Home Phone

Work Phone

Cell Phone

E-mail address

2. ETHNICITY Please check one. (optional)

- African-American Non-Hispanic (B)
- Filipino (F)
- American Indian/Alaskan Native (N)
- White Non-Hispanic (W)

- Laotian (AL)
- Cambodian (AM)
- Vietnamese (AV)
- Other Asian (AX)

- PACIFIC ISLANDER
- Guamanian (PG)
- Hawaiian (PH)
- Samoan (PS)
- Other Pacific Islander (PX)

- ASIAN
- Chinese (AC)
- Asian Indian (AI)
- Japanese (AJ)
- Korean (AK)

- HISPANIC
- Mexican, Mexican American, Chicano (HM)
- Central American (HR)
- South American (HS)
- Other Hispanic (HX)

- OTHER
- Other Non-White (O)
- Unknown/Non-Respondent (X)
- Decline to state (XD)

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. CONFIRMATION OF ENROLLMENT

The College does not mail confirmation postcards. You may confirm your enrollment online at <https://mycom.marin.edu>. Once you create your MyCOM portal account, you may access your account and view your enrollment at any time.

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 No. Visa Card No. Expiration Date _____

Refund Policy

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. Requests may be e-mailed to community.ed@marin.edu or faxed to 415.456.5086.

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

Course Reference #	Days	Times	Course Title	Fee	Instructor's Name	Authorization Code**

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