

New Student Welcome Day 2008

Wednesday, August 20, 2008

Registration Form

Date: _____

(Please print clearly)

First Name: _____ Last Name: _____

El Camino College Student ID # (If you already have one): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ High School Attended: _____

Phone Number: (_____) _____ /Message Number: _____

Email: _____

Background Information

Are you the first person in your family to attend college? Yes _____ No _____

Have you applied for financial aid? Yes _____ No _____

Are you planning to work while attending college? Yes _____ No _____

If yes, how many hours per week: _____

Goals

Major: _____

Educational Goal: (check all that apply to you) Certificate _____ AA/AS Degree _____ Transfer _____

Other: _____ (please explain) _____

If you plan to transfer, what are you top three university choices?

1. _____ 2. _____ 3. _____

If you could choose three careers, what would they be?

(Do not think about grades, skills, formal education or family resources at this time)

1. _____ 2. _____ 3. _____

If you are a student with a disability and require any accommodations, such as large print, Braille, or interpreting services, please indicate the accommodation you are requesting here:

I authorize communication through email/ phone: _____

Student Signature: _____ Date: _____

SUBMIT FORM