

Registration

Office of Continuing Education 300 Senior Hall | Cheney, WA 99004-2442 ewu.edu/ce | 509.359.7380

Date: Registering for:					
Last Name	First Name	Mic	ldle Name	Previous Name	
Current Address		City	State	Zip Code	
Email Address	Main Phone			Secondary Phone	
Student EWU ID Number So	cial Security Number	Date of E	Date of Birth (required)		
Directory Information Please restrict my personal information					
Do you have any special needs? Please specify:					
Washington Resident: □ Yes □ No □ Bachelor Degree (unofficial transcript required) From / To / □ Graduate (admitted to EWU Masters) □ Completed Doctoral Degree □ Non-credit / Professional Development □ Non-credit / Professional Development □ Other - please specify:					
This section is optional. Eastern Washington University uses this information for statistical data.					
What race do you consider yourself (check all that apply)? White/Caucasian (800) Black/African American (870) Samoan (655) Eskimo (935) Aluet (941) Other Asian or Pacific Islander Korean (612) Filipino (608) Specify one group (ex. Thai): Asian Indian (600) Guamanian (660) American Indian (597) Hawaiian (653) Japanese (611) Principal/enrolled tribe: Chinese (605) Vietnamese (619)					
Are you of Spanish/Hispanic origin (check all that apply)? No. Not Spanish/Hispanic (999) Yes. Mexican/Mexican American (722) Yes. Cuban (709) Yes. Chicano/Chicana (705) Yes. Other Spanish/Hispanic Yes. Puerto Rican (727) Other Race: Specify one group (ex. Columbian):					
Course Information Subject Code CRN Course Title Credit(s)					
Course Fee tech fee	Payment Inform Check (payable to Money Order		E C	tail Registration and Tuition: Castern Washington University Office of Continuing Education Inior Hall, Cheney, WA 99004-2442 Or fax: 509 359 2220	