



PCC DUAL CREDIT ADMISSION/REGISTRATION FORM

PAVTEC / PCC ~ PO Box 19000, Portland, OR 97280-0990
 Ph 503-614-7737 ~ Fax 503-614-7805 ~ www.pcc.edu/pavtec/dual



Please complete the information below in full and legibly.

Today's Date: _____ PCC Student ID or Social Security Number: _____ Birth Date: _____

Name: _____ Gender: Female Male
 Last First MI

Mailing Address: _____
 Street Apt# City State Zip

Telephone Number: _____ Email: _____
 Day Evening

Current High School: _____

ADMISSION SECTION

If you have earned PCC Credit in previous years, disregard this section.

<p>High School Graduation Year: _____</p> <p>What is your main reason for registering for PCC credit? (please choose only one)</p> <p><input type="checkbox"/> Improve Reading, Writing, or Math skills</p> <p><input type="checkbox"/> Learn skills to get a job</p> <p><input type="checkbox"/> Explore a new career area</p> <p><input type="checkbox"/> Earn credit towards a bachelor's (4-year) degree</p> <p><input type="checkbox"/> Take courses for personal interest</p> <p><input type="checkbox"/> Explore educational opportunities at PCC</p> <p><input type="checkbox"/> Undecided</p> <p>Do you plan to transfer to another school when you leave PCC?</p> <p><input type="checkbox"/> Yes, to a 4-year school</p> <p><input type="checkbox"/> No</p>	<p>PCC is committed to affirmative action goals and would appreciate your response to the following: (please choose one only)</p> <p><input type="checkbox"/> Black, African American, Non-Hispanic</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> White <input type="checkbox"/> Multiracial</p> <p><input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer</p> <p>Citizen Type:</p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Residential Alien/Refugee/Immigrant</p> <p><input type="checkbox"/> Other, Enter Visa Type _____</p> <p>Federal law requires that PCC release your name to military recruiters unless you request we do not. Do you want your name withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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REGISTRATION ADDS (or changes)

PCC CRN	PCC Course No.	Choose your grading option: Letter Grade = A-F Pass/No Pass = P/NP Audit = AUD	PCC Course Title	Teacher

For more details on registration policies, please visit www.pcc.edu/registration/policies.

PLEASE NOTE: Audits receive no credit and instructor signature is required.

Prerequisite Override - Permission to override a course prerequisite must be obtained from the instructor. Complete required documentation on the back of this form.

STUDENT AGREEMENT (Signature required in order to process PCC credit)
 In signing this form, the student hereby accepts all policies and procedures governing enrollment with Portland Community College.

Student Signature Required: _____

