Cohort Year:



Golden West College Program Registration Form

	Student ID:				
Personal Information	Name:			Gender:	□ Male □Female
	(Last) Address:		(First) City:	Zi	p Code:
	Phone Number: (_)	Alternate Phone:	()	
	Email Address:		Age: 🛛	under 18 □ 18 – 25	□ 26-35 □ 36+
	Ethnicity (Optional):	 African-American Asian / Vietnamese Central/South American/L Mexican/Mexican-Americ 			pino
Academic Information	High School Attended:				
	Have you attended other colleges? D No D Yes: Campus(es): # of Units:				
	🖵 Poli		sychology	on 🛛 English □ Sociology □ Geology	HistoryMathematics
Academic	Transfer Choice: Campus 1)	2) .		3)	
	Career Goal:				
	Which other campus pr	rograms are you part of? CARE Teach3	□ Athletics	DSPS Calv	Vorks/Re-Entry
Services	What services are you interested in? (Check all that apply) CSU Transfer Financial Aid / Scholarships UC Transfer Tutoring Students Major Selection Campus Services				
	Are you currently empl Number of Hours per W	loyed \Box Yes \Box NoWeek \Box 0 - 10 \Box 11 - 1	If yes, Position 16 \Box 17 – 24	$ \begin{array}{c} $	4 0 +
Administrative Use	Administrative Use Only: Please do not write in this area				
	Entered in Database: SEP Completed: Participation:	Date: Yes Date: Date: Yes No Date: Attended Conference elor Instructor/COUN Cou	by: Car	File Established:	ID: es INO Walk-in Other

Please return form to: Yvonne Valenzuela, Transfer Center Coordinator GWC Counseling Division, 15744 Golden West Blvd, Huntington Beach, CA 92647