Degree Seeking Course Registration

College of Southern Idaho
www.csi.edu

Semester: ☐ Fall semester 20_____ ☐ Spring semester 20_____ ☐ Summer Semester 20_____

Legal Name:_____ **CSI ID#:** _____ **Date of Birth:**_____
last first middle

Mailing Address: _____ **Social Sec Num:** _____ **Gender:** ☐ Female ☐ Male

Home Phone:_____ **Citizen of:** ☐ US ☐ Other_____
city state zip code

Previous last Name_____ **E-Mail Address:** _____ **Major Code:** _____

☐ **Marital Status:**
D Divorced
M Married
S Single
W Widow/Widower

☐ **Current Education Level:**
0 Less than high school
1 Completing high school
2 Completing GED
3 GED graduate
4 High school diploma
5 Some college, no degree
6 Associate degree or certificate
7 Bachelor's degree or higher

☐ **Father's Education Level**
0 Some high school/ Secondary school but did not graduate
4 Graduated from high school or earned GED but no college
5 Some college education but no bachelor's degree
7 Bachelor's degree or higher

☐ **Mother's Education Level**
0 Some high school/ Secondary school but did not graduate
4 Graduated from high school or earned GED but no college
5 Some college education but no bachelor's degree
7 Bachelor's degree or higher

☐ **Ethnic Group:**
A Asian
B Black/African American
I American Indian/Alaskan Native
P Native Hawaiian or other Pacific Islander
W White/Caucasian

Hispanic of any race Yes ☐ No ☐

☐ **Employment Status During this Semester:**
1 I am employed part-time (less than 35 hrs/wk)
2 I am employed full-time (more than 35 hrs/wk)
4 I am not currently employed but I am seeking work
5 I am not currently employed and not seeking employment

☐ **Educational Objective:**
1 Personal Enrichment
2 Get a job
3 Improve skills for current job
4 Get a different job
5 Earn a 1-yr certificate
6 Earn a 2-yr degree (no transfer
7 Transfer to 4-yr school without CSI degree
8 Transfer to 4-yr school with CSI degree
9 Other

☐ **Anticipated Time to Complete Educational Objective:**
1 Less than 1 semester
2 1 to 2 semesters
3 3 semesters
4 4 semesters
5 More than 4 semesters
6 Unknown

☐ **Family Status of Student:**
1 I am a single parent with my children or dependents
2 I live with my spouse/partner with children or dependent
3 I live with my parents and do not have dependents.
4. other

☐ Number of children or dependents

Aud	Section # Ex(Math 143 M01)	Cr Hrs	Course Title	Bldg	Rm	Days							Time	Instructor
						M	T	W	R	F	S	U		

Advisor's Signature: _____ **Student's Signature:** _____ **Date:** _____

Advisor's Comments: _____

Note: The advisor's signature indicates that you have spoken with an advisor, but you are ultimately responsible for making decisions that lead to your academic success. REV 7/12