

Short Registration Form—for 6 or fewer credits only This form is **not** for use by students who are seeking a degree.

NameL	ast	First	Middle	Preferred Name (Optional)		
E-mail Address						
Social Security Number (REQUIRED)				Birth Date		
Address			Mailing /PO Box	Mailing /PO Box Address		
City			State	Zip		
I have lived at this	address since					
Daytime Phone		Home Phone		Cell Phone		
Gender Assigned at	Birth: Male	Female	Gender Identi	ty and Pronouns		
Ethnic Group (option	onal): Black	_ American India	an Asia	n American		
Fore	eign Student	_ Caucasian	Hisp	panic Other		
Enrollment Info	ormation					
Academic Enrollm	ent Term:	_Fall (August)	Spring (January)	Summer		
Check one: I am ta	•) for: Personal Enricl	hment Job Upş	grade Other Have		
Yes_	No	Last Name When A	Attended Previously _		-	
Are you AUDITIN	G this class: Yes_	No				
Where will you atte	end classes? Iron	woodCopp	per Country Center_	Internet		
ix, Number, Sectio	n Cours	e Name			Credi	

**** NOTE*

Preferred Name: If provided, this will be used for your email, student ID, and other systems where legal name is not required.

Email completed form to: admissions@gogebic.edu or fax to (906)307-1239