



WCJC CLASS SCHEDULE SHEET

Social Security No. _____ Banner ID: _____ Fall _____ Spring _____ 20_____

Legal Name: _____
 Last First Middle Maiden

WHAT IS YOUR MAJOR? _____

MONDAY – WEDNESDAY- FRIDAY CLASSES

TUESDAY - THURSDAY CLASSES

<u>CRN Number</u>	<u>8:00 – 8:50 Subject Course No.</u>
<u>CRN Number</u>	<u>9:00 – 9:50 Subject Course No.</u>
<u>CRN Number</u>	<u>10:00 – 10:50 Subject Course No.</u>
<u>CRN Number</u>	<u>11:00 – 11:50 Subject Course No.</u>
<u>CRN Number</u>	<u>12:00 – 12:50 Subject Course No.</u>
<u>CRN Number</u>	<u>1:00 – 1:50 Subject Course No.</u>
<u>CRN Number</u>	<u>2:00 – 2:50 Subject Course No.</u>
<u>CRN Number</u>	<u>3:00 – 3:50 Subject Course No.</u>

<u>CRN Number</u>	<u>8:00 - 9:15 Subject Course No.</u>
<u>CRN Number</u>	<u>9:25 - 10:40 Subject Course No.</u>
<u>CRN Number</u>	<u>10:50 - 12:05 Subject Course No.</u>
<u>CRN Number</u>	<u>12:15 - 1:30 Subject Course No.</u>
<u>CRN Number</u>	<u>1:40 - 2:55 Subject Course No.</u>
<u>CRN Number</u>	<u>3:05 - 4:20 Subject Course No.</u>

EVENING CLASSES

<u>CRN Number</u>	<u>4:25 - 5:40 Subject Course No.</u>
<u>CRN Number</u>	<u>5:45 - 7:00 Subject Course No.</u>
<u>CRN Number</u>	<u>7:05 - 8:20 Subject Course No.</u>
<u>CRN Number</u>	<u>8:25 - 9:40 Subject Course No.</u>

STUDENT SELF ADVISED SIGNATURE:

ADVISING SECTION

<u>Course</u>	<u>Hours</u>
Transfer Plans: _____	

<i>Advisor Signature</i>	Total Hrs _____

STATE REQUESTED STUDENT INFORMATION

<p>1. From what type of curriculum did you take most of your high school coursework?</p> <p>1. <input type="checkbox"/> Standard 2. <input type="checkbox"/> College Track 3. <input type="checkbox"/> Honors Track 4. <input type="checkbox"/> GED 5. <input type="checkbox"/> Tech-Prep</p>	<p>9. Select the number of dependents you support under the age of 6 (six).</p> <p><input type="checkbox"/> 0 (Zero) <input type="checkbox"/> 1 (One) <input type="checkbox"/> 2 (Two) <input type="checkbox"/> 3 (Three) <input type="checkbox"/> 4 (Four) or more</p>
<p>2. How long do you plan to be enrolled at WCJC?</p> <p>1. <input type="checkbox"/> One term (semester) 2. <input type="checkbox"/> Two terms (semesters) 3. <input type="checkbox"/> One year 4. <input type="checkbox"/> Two years 5. <input type="checkbox"/> More than 2 years</p>	<p>10. Highest level of education achieved by your father.</p> <p>1. <input type="checkbox"/> Not a high school graduate 2. <input type="checkbox"/> High school graduate 3. <input type="checkbox"/> Some college or Associate degree 4. <input type="checkbox"/> Bachelor's degree or above</p>
<p>3. Are you currently reported as a "dependent" for income tax purposes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>11. Highest level of education achieved by your mother.</p> <p>1. <input type="checkbox"/> Not a high school graduate 2. <input type="checkbox"/> High school graduate 3. <input type="checkbox"/> Some college or Associate degree 4. <input type="checkbox"/> Bachelor's degree or above</p>
<p>4. What is your current employment status?</p> <p>1. <input type="checkbox"/> Employed outside the home full-time (more than 35 hours per week) 2. <input type="checkbox"/> Employed outside the home part-time (less than 35 hours per week) 3. <input type="checkbox"/> Homemaker 4. <input type="checkbox"/> Seeking work, not employed 5. <input type="checkbox"/> Not seeking work, not employed</p>	<p>12. Are you a first generation college attendee?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Marital Status</p> <p>1. <input type="checkbox"/> Single, never married 2. <input type="checkbox"/> Married 3. <input type="checkbox"/> Divorced/Separated 4. <input type="checkbox"/> Widow/Widower</p>	<p>13. Do you have any of the following impairments? (Check all that apply)</p> <p>1. <input type="checkbox"/> Hearing impaired 2. <input type="checkbox"/> Visually impaired 3. <input type="checkbox"/> Learning impaired 4. <input type="checkbox"/> Mobility impaired 5. <input type="checkbox"/> Other impairment</p>
<p>6. Are you a single parent?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>14. Is English your native language?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Are you a homemaker who has cared for the home without pay and as a result needs training to enter the job market?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>15. Do you have difficulty speaking or understanding English?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Select the number of dependents you support.</p> <p><input type="checkbox"/> 0 (Zero) <input type="checkbox"/> 1 (One) <input type="checkbox"/> 2 (Two) <input type="checkbox"/> 3 (Three) <input type="checkbox"/> 4 (Four) or more</p>	<p>16. Select your primary reason for attending college.</p> <p>1. <input type="checkbox"/> Earn a two-year degree 2. <input type="checkbox"/> Earn a one-year certificate 3. <input type="checkbox"/> Prepare to transfer to a four-year college 4. <input type="checkbox"/> Obtain a job, obtain a better job, improve job skills 5. <input type="checkbox"/> Personal enrichment</p>