Western Wyoming Community College
Non-Credit Registration Form

P.O. Box 428, Rock Springs, WY 82902-0428
Phone (307) 382-1809 or (307) 875-2278 FAX (307) 382-1636

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED.

Name ____________________________________________ Social Security No. ____________________________
Address Street/P.O. Box ____________________________ Student ID No. ____________________________
City/State/Zip ____________________________________ E-mail _______________________________________
Home Phone ______________________________________ Work Phone _________________________________
Date of Birth ____________________________________ Age* ____________ Sex* □ Male □ Female
How long have you lived at the address above? ______________
If a Wyoming resident, how long have you lived in Wyoming? _______ If not at least one year, where did you reside before? ___
Do you give WWCC permission to release your name, address, and enrollment status as part of our directory information?
□ Yes □ No

Ethnicity* (Mark one)
□ White □ Asian □ Black □ Hispanic/Latino □ Hawaiian/Pacific Islander □ American Indian/Alaska Native
□ Non-Resident Alien (Foreign Student)
*Required for reporting purposes only.

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<tr>
<th>COURSE NUMBER</th>
<th>COURSE TITLE</th>
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I am enrolling in this course/activity for the following reasons:

□ Degree seeking from WWCC
□ Upgrade current job skills
□ Develop new job skills
□ Teacher recertification
□ Coursework toward degree from another institution
□ Personal enrichment
□ Build basic skills before taking credit classes
□ Workshop required by employer
□ Physical activity/health
□ Basic skills (ABE, GED, ESOL)
□ Children’s programming
□ Other (specify) ________________________

If a refund is due from my account, I authorize the College to automatically issue a refund check. Community Education/Professional Technical Community Education classes are non-refundable unless the class is cancelled.

I understand that once my registration is processed, I am officially registered for the semester and am responsible for all debts incurred. If my account is not paid in full, I understand that the College may hire a collection agency to take action. If my account is assigned to a collection agency, I understand that I am responsible for all attorney fees, court costs or delinquency fees that may be incurred during the collection of my debt. I understand that the delinquency fee will be equal to 50% of the principal amount owed.

_________________________________________  ____________________________
Signature                                          Date

Mailed or faxed registrations do not guarantee a spot in a course. Please confirm your registration by phone.

10/10