

Western Wyoming Community College Community Education Registration Form

Green River Center

1 College Way ▪ Green River, WY 82935 ▪ Phone (307) 872-1323 ▪ FAX (307) 875-6705

| | |
|-------------------------------|---|
| Rec. No. _____ | By _____ |
| Check # _____ | |
| Cash _____ | |
| CC# _____ | |
| <input type="checkbox"/> Visa | <input type="checkbox"/> MC Expiration Date _____ |

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* <input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Ethnicity* (Mark one) <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Non-Resident Alien *Required for reporting purposes only. (International Student) | |

| COURSE NUMBER | COURSE TITLE | FEE |
|---------------|--------------|-----|
| | | |
| | | |
| | | |

I am enrolling in this course/activity for the following reasons:

- | | |
|--|--|
| <input type="checkbox"/> Degree seeking from WWCC | <input type="checkbox"/> Build basic skills before taking credit classes |
| <input type="checkbox"/> Upgrade current job skills | <input type="checkbox"/> Workshop required by employer |
| <input type="checkbox"/> Develop new job skills | <input type="checkbox"/> Physical activity/health |
| <input type="checkbox"/> Teacher recertification | <input type="checkbox"/> Basic skills (ABE, GED, ESOL) |
| <input type="checkbox"/> Coursework toward degree from another institution | <input type="checkbox"/> Children's programming |
| <input type="checkbox"/> Personal enrichment | <input type="checkbox"/> Other (specify) _____ |

Community Education classes are non-refundable unless the class is cancelled. If a class is cancelled, I authorize the College to automatically issue a refund check.

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.

07/30/08