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

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)
□ Black □ American Indian □ Asian □ Hawaiian/Pacific Islander □ Hispanic □ White □ Non-Resident Alien
(Required for reporting purposes only.

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>COURSE TITLE</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) __________________________

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