

Office of The Registrar

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CORPORATE and COMMUNITY EDUCATION REGISTRATION FORM

Please be advised that, if there are any, additional fees may be applied to your bill. Anyone who registers, in any acceptable way, and fails to attend classes is still subject to full tuition and fee charges. Students must officially drop or withdraw from class in order to be reimbursed according to the published refund schedule. All charges must be paid in full at time of registration. This form may be mailed to address as indicated above or faxed. To complete the form: Save this file to your desktop as a .pdf and open the .pdf version on your desktop; enter the required information into the form, print the form and sign the one (or two for credit card payment) field(s) on the printed form. The phone numbers and email addresses entered on this form will be used for the College's emergency notification system. Please contact the Office of Public Safety for more information or to opt out of the system.

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1.	Social Security Number (optional)				Student ID		LL 20	=	
2.	Last Na	ame	First Name Middle Init.			ınıt.	WINTER 20		
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3.	Birth Date (mm/dd/yyyy)			4. Gender: Male	Female	SU	MMER 20		
5.	Home Phone			Cell Phone Bu		usiness Phone			
6.	Ethnic Group: American Indian or Alaskan Native Hispanic / Latino White Asian Cape Verdean Black / African American Native Hawaiian or Pacific Islander								
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7.	Permanent Address City / State / Postal Code / Country								
	Only / State / Fostal Gode / Goding								
8.	Mailing Address (If different from above) City / State / Postal Code / Country								
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9.	Personal E-mail Address 10. Military Status: Active Military Active Reserve Veteran Not a Veteran Not a Veteran								
10. Country of Citizenship:									
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4-Digit Num		Course Subject & Number	Section Number	Cor	urse Title	Meeting Days	Meeting Times	Campus	
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		Subject &		Сог	urse Title			Campus	
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