MASSBAY COMMUNITY COLLEGE

Office of the Registrar

50 Oakland Street, Wellesley Hills, MA 02481
19 Flagg Drive, Framingham, MA 01702
E-mail: registrar@massbay.edu

Phone (781) 239-2550
Phone (508) 270-4050
www.massbay.edu
TTY (781) 239-2513

Corporate Partnerships and Workforce Development Registration Form (non-credit courses)

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 emailed.
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.

1. _____ **Social Security Number (optional)** **OR** _____ **Student ID (if available)**

2. _____ **Last Name** **First Name** **Middle Init.**

3. _____ **Birth Date (mm/dd/yyyy)**

4. **Gender**: Male ☐ Female ☐

SEMESTER & YEAR:
FALL 20 _____
WINTER 20 _____
SPRING 20 _____
SUMMER 20 _____

5. **Home Phone** _____ **Cell Phone** _____ **Business Phone** _____

6. **Ethnic Group**: American Indian or Alaskan Native ☐ Hispanic / Latino ☐ White ☐ Asian ☐
Cape Verdean ☐ Black / African American ☐ Native Hawaiian or Pacific Islander ☐

7. _____ **Permanent Address** **City / State / Postal Code / Country**

8. _____ **Mailing Address (If different from above)** **City / State / Postal Code / Country**

9. _____ **Personal E-mail Address**

10. **Military Status:** Active Military ☐ Active Reserve ☐ Veteran ☐ Not a Veteran ☐

10. **Country of Citizenship:** _____

4-Digit Class Number	Course Subject & Number	Section Number	Course Title	Meeting Days	Meeting Times	Campus

_____ _____ _____ _____

Signature of Student *Sign after printing out the form* **Date** **If younger than 18, signature of legal parent/guardian & relationship to student** **Date**

Payment Options: ☐ **Check Enclosed**

☐ **Visa** ☐ **MasterCard** ☐ **Discover** **Amount Authorized To Be Charged:** $ _____

Card Holder Name: _____ **Card Number:** _____

Expiration Date: _____ **Security Code:** _____ **(Three digits from the back of the card)**

Signature of Card Holder (sign after printing out form): _____ **Date:** _____

Office Use Only: **Student ID #:** _____ **Date Credit Card Processed:** _____ **Employee Initials:** _____