

# 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