

# Western Wyoming Community College Non-Credit Registration Form

P.O. Box 428, Rock Springs, WY 82902-0428  
Phone (307) 382-1809 or (307) 875-2278 FAX (307) 382-1636

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\*  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)  
 White  Asian  Black  Hispanic/Latino  Hawaiian/Pacific Islander  American Indian/Alaska Native  
 Non-Resident Alien (Foreign Student)

\*Required for reporting purposes only.

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) _____                           |

**If a refund is due from my account, I authorize the College to automatically issue a refund check. Community Education/Professional Technical Community Education classes are non-refundable unless the class is cancelled.**

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.**