

Westchester Community College, Non-Credit Registration Form

I learned about WCC Continuing Education's Programs through: Newspaper Word of Mouth Received Brochure at Home Radio Ad Social Media _____ Other.

Student ID: 0 0 0 _____ Social Security Number: [REDACTED] - [REDACTED] - [REDACTED] Semester: Summer Fall Spring Year _____

Date of Birth: ___ / ___ / _____ Male Female Have you taken a class at WCC since 2008? No Yes If yes, was it credit non-credit

Last Name _____ First Name _____ Middle Initial _____

Maiden Name (If applicable): _____

Address _____ Apartment _____ Post Office Box _____

City _____ State _____ Zip _____ - _____

Home Phone (_____) _____ - _____ Business (_____) _____ - _____ Ext. _____ Cell (_____) _____ - _____

Fax (_____) _____ - _____ Prioritized telephone number: (Please check one) Home Business Cell Email: _____

| Page | Catalog # (i.e. CE-BUS 1000) | Section | Class ID # (i.e. #12345) | Course Title | Starting Date | Tuition |
|------|------------------------------|---------|--------------------------|--------------|---------------|---------|
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| <p>Make checks payable to: Westchester Community College.</p> <p><input type="checkbox"/> Enclosed is my check, payable to Westchester Community College</p> | <p>Registration fee: Payable once each semester. This fee is \$5.00 per person. This fee is non-refundable.</p> <p>Student Services fee: Payable once each semester for non-credit courses. This fee is \$4.75 for non-credit courses held at the Valhalla campus and no fee for non-credit courses held at any other location.</p> | <p>Registration Fee: \$ 5.00</p> <p>Student Fee: \$ ----</p> <p>Total: \$</p> |
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Charge to my: Visa MasterCard Discover Card No. [REDACTED] / [REDACTED] / [REDACTED] / [REDACTED] Exp Date (Month/Year) ___ / ___

Call 914-606-7300 to make payment

Credit card holder's name (*signed*): _____

If credit card holder is other than student, (*printed & signed*): _____

Note: You will not receive confirmation of your registration. Attend class on the date and time indicated unless otherwise notified by our office.

Security Code _____

Westchester Community College adheres to the policy that no person on the basis of race, color, creed, national origin, age, gender, sexual orientation, or handicap is excluded from, or is subject to discrimination in any program or activity.

Ethnicity: A variety of government agencies require that institutions of higher education report student enrollments by ethnic status. The information requested below will assist us in meeting this requirement. Please check the appropriate boxes. (Response is optional and does not affect your admission in any way.)

Are you Hispanic/Latino? Yes No

If Hispanic/Latino, please indicate which of the following would best describe your background? (select one)

Cuban Dominican Mexican Puerto Rican Other Hispanic/Latino

Please indicate your race (select one or more)

American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or other Pacific Islander White

Refund Policy: All refund requests must be made in writing and can be mailed to the college or emailed to: workforceandcommunity@sunywcc.edu

- For requests received at least 2 business days prior to the start of the class: 100% tuition refund.
- There are no refunds after that time.

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| For Office Use Only: | |
| Date Rec'd: | Initials: |

Registration Stamp

Mail to: Westchester Community College, Continuing Education, 75 Grasslands Rd., ADM 207, Valhalla, NY 10595
Phone: 914-606-6830 (press 1) or Fax: 914-606-6129