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 _____Other.

Student ID: 0 0 0 _ _ _ _ _ _ _ Social Security Number: [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

Make checks payable to: Westchester Community College
☐Enclosed is my check Payable to: Westchester Community College

Registration fee: payable once each semester. This fee is $5.00 per person. This fee is non-refundable.
Student Services fee: payable once each semester for non-credit courses. This fee is $8.00 for non-credit courses held at the Valhalla campus and $3.25 for non-credit courses held at any other location.

Registration Fee: $
Student Fee: $
Total: $

Charge to my: ☐ Visa ☐ MasterCard ☐ Discover Card No. _ _ _ _ _ _/_ _ _ _ _ _/_ _ _ _ _ _/_ _ _ _ _ _ Exp Date (Month/Year) ___/___

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

Security Code _____

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

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

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

Registration Stamp

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

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