APPLICATION

Application for Non-Credit Courses/Seminars

Sex ☐ M/F

Date of Birth ☐☐ Month ☐☐ Day ☐☐ Year

Last Name _____ First Name _____ Middle _____

Legal Address _____

City _____ State _____ Zip Code _____

Home Phone ___ – ___ – ____ Business Phone ___ – ___ – ____

Email _____

Additional Contact in Case of Emergency

Name _____ Phone _____

How did you hear about us?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Course	Day	Time	Ref #	Tuition	Fee

*If you elect not to supply your Social Security Number, the College will assign you a number.

FSA Insurance Fee	$3.25
Registration Fee (non-refundable)	$5.00
Total	

Charge to my ❑ Visa ❑ MasterCard ❑ Discover

Card No. _____

Exp Date _____ Approval Code No. _____ (from back of card)

Signature _____

Make checks payable to:
Westchester Community College

Mail to:
Westchester Community College
Center for the Arts
Westchester County Center
196 Central Avenue
White Plains, NY 10606