

# 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: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ 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 \_\_\_\_\_

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	Class ID# (i.e. 12345)	Section	Course Title	Starting Date	Tuition

**Make checks payable to Westchester Community College**  
 Enclosed  My/Our Bank 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): \_\_\_\_\_

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

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 [continued@sumwcc.edu](mailto:continued@sumwcc.edu). For requests received at least 2 business days prior to the start of the class: 100% refund. There are no refunds after that time.

For Office Use Only:  
 Date Rec'd: \_\_\_\_\_ Initials: \_\_\_\_\_

Registration Stamp

Mail to: Westchester Community College, Continuing Education, 76 Grasslands Rd., AD-207, Valhalla, NY 10595  
 Phone: 914-606-6830 (press 4) or Fax: 914-606-6129