

CONTINUING EDUCATION & WORKFORCE DEVELOPMENT REGISTRATION FORM

PRINT CLEARLY



1. Is this your first non-credit class at Wor-Wic? Yes No
 2. If a returning student, has any information changed since your last registration? NAME ADDRESS PHONE EMAIL

SOCIAL SECURITY NUMBER OR STUDENT ID # _____

LEGAL LAST NAME _____

LEGAL FIRST NAME _____

MI _____

CURRENT ADDRESS: _____

STREET NUMBER & STREET NAME/P.O. BOX _____

CITY _____ STATE _____ ZIP CODE _____

WORK PHONE # _____ HOME PHONE # _____ CELL PHONE # _____

EMAIL ADDRESS _____

DATE OF BIRTH: _____ / _____ / _____

Month _____ Day _____ Year _____

GENDER: Male Female

QUESTION 1. ARE YOU OF HISPANIC OR LATINO ORIGIN? Yes No

QUESTION 2. WHAT IS YOUR RACE? Select one or more of the following:
 White Black/African American Asian Amer. Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

I AM A RESIDENT OF: Wicomico Worcester Somerset Other

TUITION RATES BY RESIDENCY	WICOMICO COUNTY Pay the tuition rate listed as "Wic"; higher due to county budget deficit.	MARYLAND OUT-OF-COUNTY Add \$10 per course to the tuition rate listed as "Wic."
WORCESTER & SOMERSET	Pay the tuition rate listed as "Wor/Som."	

Z	S	A	M	COURSE ID							COURSE TITLE	START DATE	START TIME	TUITION	COURSE FEE	IF LISTED	OUT-OF-COUNTY STATE ADD \$15		TOTAL	
				1	2	3	4	4	6	7							ADD \$10	ADD \$15		
														\$						Total for Course
																				= \$
																				= \$
																				= \$
																				= \$
																				= \$

PAYMENT OPTIONS (Check appropriate box):

PERSONAL CHECK OR MONEY ORDER for FULL AMOUNT payable to: **WOR-WIC COMMUNITY COLLEGE**

CREDIT/DEBIT CARD:

CARD #: _____ V# _____ (3 #s on back of card) EXP. DATE _____

CARD HOLDER'S SIGNATURE (REQUIRED): _____

EMPLOYER PAID: PAYMENT PROVIDED BILL COMPANY; purchase order or approval letter attached

COMPANY NAME: _____ ADDRESS: _____

YES, I want to contribute to the student-to-student scholarship program.

GRAND TOTAL

\$ _____

NO REFUNDS AFTER CLASS HAS STARTED. PAYMENT DUE AT THE TIME OF REGISTRATION.

Registrations will NOT be accepted until all required documentation is received. Registration confirmation will not be sent. Attend class at its scheduled time.

I certify that the above information is true and accurate. I agree to abide by the college's student conduct policy and all other college policies as cited in the college catalog.

4 EASY WAYS TO REGISTER

ON-LINE www.worwic.edu/instantenrollment

BY FAX (410) 334-2952

IN PERSON **Workforce Development Center Room 102**

BY MAIL **Wor-Wic Community College**
Continuing Education & Workforce Development
32000 Campus Drive
Salisbury, Maryland 21804

STUDENT SIGNATURE (Required)

OFFICE USE ONLY

C	T	R	%	\$	C	T	R	%	\$	C	T	R	%	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____