

WOR-WIC COMMUNITY COLLEGE CONTINUING EDUCATION & WORKFORCE DEVELOPMENT REGISTRATION FORM

Questions? Call 410-334-2815.

Payment is due at time of registration. No refunds after class has started. Please print clearly.

Social Security Number OR Student ID

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Legal Last Name

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Legal First Name

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MI

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Current Home 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

MD Senior

(Age 60 or over)

☐ Yes

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 ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

I am a resident of:

☐ Wicomico

☐ Worcester

☐ Somerset

☐ Other

**Tuition Rates
by Residency:**

Wicomico, Worcester & Somerset
Counties - pay the tuition rate listed.

Maryland Out-of-County -
add \$10 per course.

Accomack & Sussex Counties -
add \$11 per course.

All other Out-of-State Counties -
add \$15 per course.

Maryland senior (age 60 or over) - do not pay tuition,
only the fee as indicated in the course information.

Course ID													Course Title										Start Date	Start Time	Tuition	Fee (if listed)	Out of County (add \$10)	Accomack & Sussex (add \$11)	Out of State (add \$15)	Total
Z	S	A	M	-	1	2	3	-	4	5	6	7	Sample Registration										MM/DD	AM/PM	\$	+	+	+	+	= \$ fill in amount
																										+	+	+	+	= \$
																										+	+	+	+	= \$
																										+	+	+	+	= \$
																										+	+	+	+	= \$
																										+	+	+	+	= \$

Check appropriate payment option. (Payment due at time of registration.):

☐ Personal Check OR ☐ Money Order (made payable to Wor-Wic Community College)

☐ Cash Payment (do not mail cash) in amount of \$ _____

☐ Credit/Debit Card: ☐  ☐  ☐  ☐ 

Card #: _____ Exp. Date: _____ V#: _____
3 #'s on back of card

Card Holder's Signature (required): _____

☐ Employer Paid: ☐ Payment Provided ☐ Bill Company (purchase order or approval letter attached)

Company Name: _____

Company Address: _____

YES, I want to contribute to the Student-to-Student Scholarship fund.
(All donations benefit continuing education students.)

\$ _____

Grand Total

\$ _____

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.

Student Signature (required)

Date

Four Easy Ways to Register:

ONLINE
www.worwic.edu/non-credit

MAIL
Wor-Wic Community College
Continuing Education & Workforce Development
32000 Campus Dr., Salisbury MD 21804

IN-PERSON
Fulton-Owen Hall
Room 102

FAX
410-334-2952

OFFICE USE ONLY			
Date Rcvd: _____ <input type="checkbox"/> Deferred <input type="checkbox"/> Paid in full <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> R% \$ _____ Initials: _____	Date Rcvd: _____ <input type="checkbox"/> Deferred <input type="checkbox"/> Paid in full <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> R% \$ _____ Initials: _____	Date Rcvd: _____ <input type="checkbox"/> Deferred <input type="checkbox"/> Paid in full <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> R% \$ _____ Initials: _____	Date Rcvd: _____ <input type="checkbox"/> Deferred <input type="checkbox"/> Paid in full <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> R% \$ _____ Initials: _____