

REGISTRATION FORM

PERSONAL ENRICHMENT/PROFESSIONAL DEVELOPMENT

Please print in black ink. Use this form if you are registering for noncredit courses only.



Section I

Student ID (if known) X _____ Social Security # _____

First Name: _____ Preferred/Chosen Name: _____

MI: _____ Last Name: _____

Birth Date: _____ Legal sex: M F

Residential address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Work Phone: _____

Email Address: _____ Have you attended here before? Y N

Section II

This information is requested solely to comply with federal and state laws. Your response will not affect consideration of your application or registration.

Are you Hispanic or Latino? Yes No

Check one or more of the following race/ethnicity groups:

<input type="checkbox"/> American Indian/ Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Other/Not Listed
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White

Of these, what is your primary ethnicity _____

Section III

Major Code (choose from list below): _____

Personal Development	NC50	Circumstances	NC65
Community/Civic		Health, Safety	
Development	NC55	and Environment	NC70
Intellectual/Cultural Studies	NC60	Homemaking	NC75
Improve Family			

Highest Degree Earned (choose from list below): _____

GED	Completed GED	AD	Completed	PHD	Completed
	or other HSE		Associate Degree		Doctoral Degree
HS	Completed High School	BD	Completed	OTH	Other
PD	Completed		Bachelor's Degree	ND	No Degree Earned
	Professional Degree	MD	Completed		
CRT	Completed Certificate		Master's Degree		

Why are you enrolling at Waubonsee?(choose one): _____

1. Course work for transfer to a four-year college.	4. Perfect or review basic educational or vocational skills.
2. Improve skills needed in present job or to change jobs.	5. Personal interest or self-development.
3. Prepare for a future job/career.	

Students interested in disability accommodations should contact the Access Center at (630) 466-2564.

Ticket No.	Course Ref. # (CRN)	Course Name	Date and Time	Bldg. and Room	Fees

I certify that the above information is complete and correct.

Student Signature: ~~X~~ _____

Mail to:
Registration and Records
Waubonsee Community College
4S783 State Route 47
Sugar Grove, IL 60554-9454
Fax: (630) 466-4964

Course Fee	
Other	
Total Fees	
Amount Received	

Note: Payment is due at the time of registration.

Cash Check VISA MasterCard Discover American Express

Card # _____ Exp. Date: _____ CVV: _____

Billing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Name printed on card: _____

Authorized Credit Card Signature: ~~X~~ _____

All information provided to Waubonsee Community College will be kept confidential in accordance with the Family Educational Rights and Privacy Act of 1974. (Public Law 93-380) Waubonsee does not discriminate based on any characteristic protected by law in its programs and activities. To help protect your privacy, please do not email any forms containing confidential information. Waubonsee will not process any registration form received via email.