For Office Use Only	
Student ID@:	
Entered By/College:	
Term/POT:	

CT STATE COMMUNITY COLLEGE

Course Registration Form - Workforce Development & Continuing Education

Registration deadline is **one business day prior to the start of class.** Completion of any program does not guarantee employment. All students must meet course prerequisite requirements. If prerequisites were NOT taken at CT State, you must provide a transcript (official or unofficial) at the time of registration.

CAMPUS LOCATION: Select one

STUDENT LEGAL NAME: _____ _____ _____

First Middle Name Last Name

STREET: _____ _____ _____ _____

Town State Zip Code

TELEPHONE: _____ TEXT MESSAGE PERMISSION ☐ Yes ☐ No

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

(Required by College) *(Required by the College)* mm/dd/yyyy

Is this your first time attending a Connecticut Community College? ☐Yes ☐No HS Diploma or GED? ☐Yes ☐No

Gender: ☐ Male ☐ Female ☐ Other U.S. Citizen? ☐ Yes ☐ No Veteran? ☐ Yes ☐ No

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Decline to State (None)

Race: ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Asian

☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Decline to State

How did hear about this program? ☐ Website ☐ Family/Friend ☐ Facebook/social media ☐ Other _____

CRN	SUBJ & Course #	Course Title	Dates (To and From)	Days	Time	Cost
					Total Payment:	$ 0.00

☐ Cash ☐ Credit ☐ Check ☐ Third Party _____ (SNAP, WIOA, etc.)

*Payments can be made at the Bursar's office or submitted through your MyCTState account by selecting Account Summary and logging in with your student ID number.

A full refund for noncredit programs will only be considered when a student drops a class up to one business day prior to the first scheduled meeting. No refunds or credit towards another program will be considered after the first class has begun.

Acknowledgment Statement:

I understand that when I register for any class at CT State Community College or receive any service from the CT State, I accept full responsibility to pay all tuition, fees, and other associated costs as a result of my course registration and/or receipt of services. I understand and accept that if I fail to pay by the scheduled due date and fail to make acceptable payment arrangements to bring my account current, CT State Community College may refer my delinquent account to a collection agency and the College may no longer accept direct payments. I further understand that if the CT State Community College refers my student account balance to a third party for collection, a collection fee may be assessed and that my delinquent account may be reported to one or more of the national credit bureaus or be subject to tax-offset. By my signature I acknowledge this statement. By my signature I also acknowledge that I have read and agree to all terms and conditions outlined in the Student Enrollment Agreement: https://www.ct.edu/admission/tuition.

By signing the below, I affirm that I am the above-named person, and that the information presented above is true and accurate.

Student Signature: _____ **Date:** _____

mm/dd/yyyy