



Center for Workforce Development Non-Credit Registration Form

Mail to: Northwestern Connecticut Community College
Park Place East / Winsted, CT 06098 / Phone: 860-738-6484 or 860-738-6444 / Fax: 860-738-6453

First Name _____ Last Name _____ MI _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Student Status (circle one)

New (first time at NCCC or any CT Community College)

Returning (Attended NCCC or other CCC. Were you registered under another name? If so, please print name. ie Maiden name)

Banner ID: _____

Social Security No. _____ Sex (circle) M F Date of Birth / /

Phone (H) () Phone (Cell) ()

CT Resident (circle) Yes No US Citizen (circle) Yes No

Ethnicity
 Hispanic or Latino
 Non-Hispanic/Non-Latino
 Choose not to respond (none)

Race
 White(10)
 Black or African American(20)
 Asian(45)
 American Indian or Alaskan Native(50)
 Native Hawaiian or Other Pacific Islander(80)
 Other (90) Choose not to respond (60)

CRN#	Course Title	CEU	Dates	Fee
T O T A L				

REFUND POLICY: NCCC reserves the right to change instructors, cancel or reschedule a program in the event of insufficient enrollment or unforeseen circumstances. If your course is canceled, you will have the option of applying your course fee to another class or you will receive a full refund. If you are unable to attend a course you must withdraw at least FIVE WORKING DAYS before the first scheduled meeting in order to receive a refund. Some programs have different payment options and/or limited refund policies. Contact us for details.

Student Signature--I have read the refund policy _____ Date _____

DISCLOSURE AGREEMENT:
I certify that the information provided above is, to the best of my knowledge, true and correct, and I consent to the disclosure of this and program participation information between Northwestern Connecticut Community College, Connecticut State Colleges and Universities and state and federal Departments of Labor for the purpose of maintaining accurate student records and to monitor grant performance.

Student Signature--I have read the disclosure agreement _____ Date _____

Payment Method :

CGSC \$ _____ CGAC \$ _____ CS39 \$ _____ CSNC (non-credit only) \$ _____ Check or Money Order payable to NCCC.
CG52 \$ _____ CGS9 \$ _____
 Visa Mastercard Discover Number _____

Billing address zip code _____

Expiration Date _____ 3 Digit Security Code _____

Name on Card _____

Three ways to register:

FAX: Fax the registration form with your Mastercard/Visa/Discover information to (860) 738-6453

IN PERSON: Bring the registration form and payment to the Center for Workforce Development, 56 Park Place East, Monday-Friday between 9am - 4pm.

MAIL IN: Send this registration form to the above address along with a check or money order payable to NCCC or Mastercard/Visa/Discover information. Course fees are payable at the time of registration. You are registered for a class unless notified otherwise.

NON-CREDIT REGISTRATION FORM