

**Non Credit
Registration**

PLEASE INDICATE THE TERM YOU WISH TO ENROLL 20 ____
SPRING
SUMMER
FALL

STUDENT I.D. NUMBER _____	D.O.B. ____ / ____ / ____	*SOCIAL SECURITY NUMBER ____ - ____ - ____
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Mr. ___ Mrs. ___ Ms. ___ **PLEASE PRINT & USE LEGAL NAME**

LAST NAME _____ **FIRST NAME** _____ **MI** _____

PREVIOUS NAME _____

PERMANENT ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____ **COUNTY** _____

RESIDENCE PHONE NUMBER (____) _____ **CITIZENSHIP** _____
(U.S. OR NON CITIZEN)

ALTERNATE PHONE NUMBER (____) _____

E-MAIL ADDRESS _____

Please provide E-mail address to receive information on classes or workshops

COURSE NUMBER <small>Example: COMP 1001901</small>	CRN#	COURSE NAME <small>Example: Computer Essentials</small>	DATE	COST	PAYMENT METHOD

PAYMENT OPTIONS

Check (Enclosed)
 Visa
 MasterCard
 Discover
 American Express

Credit Card Number _____ **Exp. Date** _____

Printed Name on Card _____ **Signature** _____

FOR GED STUDENTS

Have you attended GED classes previously? Yes No

If so, Please specify location: PCC Other

List location: _____

PCC and Communications department takes photos of GED classes for use in the promotion of future courses for advertisement in flyers, class schedules, tabloids, television and the PCC Website. By registering for these courses you grant permission unless otherwise noted.

NO, I do not give permission for pictures to be taken

Pueblo Community College does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission or access to or treatment or employment in its educational program or activities.

GED REFUND POLICY: For noncredit classes including Pre-College Programs, a student **must drop the class three (3) business days before the class meets** to receive a **refund** less a **cancellation fee** of \$15; otherwise, he/she will be held financially responsible for the class. **Full refunds** will be made in the event a class is cancelled. Please allow three to four weeks for delivery of refund.

Responses to items marked by an asterisk () are voluntary, will be kept confidential, will not be used in discriminatory manner, and are intended to support actions designed to promote students' participation in education programs offered by the college. The information will not be used as a factor in acceptance to the college.

STUDENT'S SIGNATURE _____ **DATE** _____

Application Method: E-mail _____ Telephone _____ Walk-in _____ Fax _____ Other _____ **Registered by:** _____