

COURSE REGISTRATION FORM

Please print legibly.

SEMESTER: FALL SPRING SUMMER YEAR: _____

Social Security Number

DCC Student ID Number

- -

OR

- -

NAME:

Last First MI

ADDRESS:

Street

City State Zip Code

CELL PHONE:

HOME PHONE:

EMAIL ADDRESS:

Join our email list? Yes No

GENDER:

Male Female

DATE OF BIRTH:

_____/_____/_____
/ /

ETHNICITY:

American Indian/Alaskan Native Asian Black Hispanic Native Hawaiian/OPI White

PUBLICITY RELEASE:

I give permission to the College to use my image in photographs and/or video materials for publicity purposes. Yes No

COURSE ID	SECTION	COURSE TITLE	CAMPUS	DATE(S)	TUITION

REFUND AND PAYMENT POLICY:

- The complete Refund and Payment Policy for Workforce Development & Technical Education Non-Credit Courses can be found online at <http://docushare3.dcc.edu/docushare/dsweb/Get/Document-5452>
- My signature below indicates that I agree to the Refund and Payment Policy for non-credit courses at Delgado.

I will be parking on campus and will require a \$15 permit, valid for the entire semester: Yes No

Student Signature
(required)

FOR OFFICE USE ONLY		
<p>/</p> <p>Student Registered By / Date</p>	<p>Received by: _____</p> <p><input type="checkbox"/> Walk-In <input type="checkbox"/> Email</p> <p><input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail</p> <p>Date: _____</p>	<p>Other:</p> <p><input type="checkbox"/> reg. confirmation sent <input type="checkbox"/> parking added</p> <p><input type="checkbox"/> added to email list <input type="checkbox"/></p>