



COMMUNITY EDUCATION NON-CREDIT REGISTRATION FORM

LAST NAME	FIRST NAME	MIDDLE NAME	SSN OR STUDENT I.D. NUMBER
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STREET ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER	BUSINESS NUMBER	DATE OF BIRTH
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EMAIL ADDRESS

Race/Ethnicity: (Optional) Do you consider yourself to be Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No In addition, select one or more racial categories to describe yourself: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Haitian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Veteran <input type="checkbox"/> High School Student
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Have you attended Massasoit before? Yes No

If you have a disability for which you believe you need a reasonable accommodation, please contact the Disabilities Services Providers at Ext. 1805 or 2132.

CRN	COURSE/SECTION	COURSE TITLE	COURSE COST
			\$ _____
			\$ _____
			\$ _____
TOTAL AMOUNT DUE			\$ _____

WITHDRAWAL & TUITION REFUND POLICY: Withdrawals before the start of the first class are granted 100% refund. Withdrawals after the first class are refunded 0-50% depending on the length of the course

NOTE: Please be advised that ceasing to attend a class DOES NOT constitute a withdrawal. If the proper form is not completed, a grade of Failure (F) will be recorded.

Student Signature	Date
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Please check type of payment:

- Check submitted.
- Please charge the following credit card:

Mail completed form to:
 Massasoit Community College/Registrar's Office
 One Massasoit Boulevard, Brockton, MA 02302-3996
Fax form with credit card authorization to: 508-427-1236
Email completed form to: registrar@massasoit.mass.edu



CHARGE CARD AUTHORIZATION															
ACCOUNT NUMBER															

MONTH	YEAR
EXPIRATION DATE	

NAME AS SHOWN ON CARD

SIGNATURE OF CARDHOLDER