

Registration Form

All new students must submit a New Student Information Form prior to or at the same time as submitting this registration form.

Mail to: Registration and Records
 Waubonsee Community College
 Route 47 at Waubonsee Drive
 Sugar Grove, IL 60554-9454



WAUBONSEE
 COMMUNITY COLLEGE

FAX to: (630) 466-4964
 Questions? Call (630) 466-7900, ext. 2370

1. Social Security #		"X" Number		2. Last name		First name		M.I.	
3. Street number and name (home address) <input type="checkbox"/> check here if new address						4A. Home phone (<input type="checkbox"/> primary contact)			
5. City						4B. Work phone (<input type="checkbox"/> primary contact)		4C. Cell phone (<input type="checkbox"/> primary contact)	
6. State	7. Zip		8. County code 037 - DeKalb 093 - Kendall 043 - DuPage 099 - LaSalle 089 - Kane 197 - Will			9. E-mail address			
10. Birth date		11. Gender		12. U.S. citizen		13. Are you Hispanic or Latino?		14a. What is your primary ethnicity?	
Month - Day - Year		1. Male 2. Female		1. Yes 2. No		1. Yes 2. No		14b. Are you from one or more ethnicities? (List all.)	
15. Major code <small>See class information or Major Codes list</small>		16. Do you intend to complete certificate or degree at Waubonsee?		17. Highest degree earned <small>See list below.</small>		18. Have you attended WCC previously?		1. White 2. Black/African American 3. Hispanic or Latino 4. Asian 5. American Indian/Alaska Native 6. Prefer not to answer 7. Other/Not Listed 8. Native Hawaiian or Pacific Islander	
19. High School Name and Location		21. Why are you enrolling at Waubonsee? (choose one)						Highest Degree Codes GED — Completed GED MD — Completed Master's Degree HS — Completed High School PD — Completed Professional Degree CRT — Completed Certificate PHD — Completed Doctoral Degree AD — Completed Associate Degree OTH — Other BD — Completed Bachelor's Degree ND — No Degree Earned	
20. Date of High School or GED graduation		1. Course work for transfer to a four-year college. 2. Improve skills needed in present job or to change jobs. 3. Prepare for future job/career. 4. Perfect or review basic educational or vocational skills. 5. Personal interest or self-development.							

Ticket No.	Course Ref. # (CRN)	Course Name	Write in time of class							Sem. Hours	Bldg. & Room	Fees
			Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.			

I certify that the above information is complete and correct.

Date
Total Semester Hours (college credit classes only)
Tuition

NOTE: Full or partial payment is due at the time of registration.

Cash
 Check or money order (payable to Waubonsee Community College) -check # _____
 Account number _____ Expires _____ - _____
Month Year

 Authorized charge card signature _____

Financial Code <input type="text"/> 1. _____ 2. _____	Student fee	Lab	Other	Total fees	Amount received