

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		9. E-mail address			
				037 - DeKalb 093 - Kendall 043 - DuPage 099 - LaSalle 089 - Kane 197 - Will					
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?		5. American Indian/ Alaska Native 4. Asian 2. Black/African American 3. Hispanic or Latino 9. Native Hawaiian or Pacific Islander 8. Other/Not Listed 6. Prefer not to answer 1. White	
		1. Yes 2. No				1. Yes 2. No		14c. Are you in the United States on a Visa – Nonresident Alien? <input type="checkbox"/> Yes, in the United States on a Visa. Provide Home Country of Origin _____ <input type="checkbox"/> Not in the United States on a Visa.	
19. High School Name and Location		21. Why are you enrolling at Waubonsee? (choose one)						Highest Degree Codes	
		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.						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									
MO YR									

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.

➔ _____
 Applicant's signature Date

Total Semester Hours (college credit classes only)

Tuition _____
 Course fee _____
 Student fee _____
 Lab _____
 Other _____
 Total fees _____
 Amount received _____

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

Cash

Check or money order (payable to Waubonsee Community College) - check # _____

_____ Expires _____
 Account number Month Year

 Authorized charge card signature

Financial Code

1. _____

2. _____