

Registration Form

Community Education/ Workforce Development



WAUBONSEE
COMMUNITY COLLEGE

Mail to: Registration and Records
Waubonsee Community College
Route 47 at Waubonsee Dr.
Sugar Grove, IL 60554-9454
Fax: (630) 466-4964

Please print in black ink. Use this form if you are registering for noncredit courses only. Students interested in disability accommodations should contact the Access Center for Students with Disabilities at (630) 466-7900, ext. 2564.

Section I Student ID (if known): X _____

Social Security #: _____ - _____ - _____ Gender: Male Female U.S. Citizen: Yes No
(New students only)

Legal Name _____ Date of Birth: ____/____/____
Last First Middle Initial Month Day Year

Permanent Address: _____
Street Address Apt./Unit No. City State Zip County

Telephone: _____
Home (Primary Contact) Cell (Primary Contact) Work (Primary Contact)

E-mail Address: _____ Have you attended WCC before? Yes No

If you are not a resident of WCC District #516, in which community college district do you reside? _____

Section II

This information is requested solely to comply with federal laws. Your response will not affect consideration of your application or registration.

Are you Hispanic or Latino? Yes No

Answer next two questions using number(s) listed at right.

What is your primary ethnicity? _____
5. American 9. Native Hawaiian or Pacific Islander
Indian/Alaska Native

Are you from one or more ethnicities? _____
1. White 8. Other/Not Listed
2. Black/ African 6. Prefer not to answer
(List all below.) American 3. Hispanic or Latino

Are you in the United States on a Visa – Nonresident Alien?
 Yes, in the United States on a Visa.
Provide Home Country of Origin _____
 Not in the United States on a Visa.

Section III

Major Code (choose from list below): _____

Personal Development	ND50	Improve Family Circumstances	ND65
Community/Civic Development	ND55	Health, Safety and Environment	ND70
Intellectual/Cultural Studies	ND60	Homemaking	ND75

Highest Degree Earned (choose from list below): _____

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

Why are you enrolling at Waubonsee? (choose one) _____

1. Course work for transfer to a four-year college	3. Prepare for a future job/career.
2. Improve skills needed in present job or to change jobs	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							Bldg. & Room	Fees
			Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.		

I certify that the above information is complete and correct.

→ _____
Student's signature Date

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

Cash

Electronic check or money order (payable to Waubonsee Community College)

Account number _____ Expires _____
Month Year

Authorized charge card signature

Financial Code	Course fee	
	Other	
1. _____	Total fees	
2. _____	Amount received	