

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? _____
4. Asian 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
2. Improve skills needed in present job or to change jobs
3. Prepare for a 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							Bldg. & Room	Fees
			Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.		
SAF999.002	21898	OSHA Safety Day	Wed., March 14, 2018, 8 a.m. - 3 p.m.							APC ABCD	\$89

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

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



Account number Expires Month Year

Authorized charge card signature

Financial Code

1. _____
2. _____

Course fee

Other

Total fees

Amount received

All information provided to Waubonsee Community College will be kept confidential in accordance with the Family Educational Rights and Privacy Act of 1974. (Public Law 93-380) Waubonsee does not discriminate based on any characteristic protected by law in its programs and activities. To help protect your privacy, please do not email any forms containing confidential information. Waubonsee will not process any registration form received via email.