

Registration Form

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



WAUBONSEE
COMMUNITY COLLEGE

FAX to: (630) 466-4964

Questions? Call (630) 466-7900, ext. 2370

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

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 6. Hispanic or Latino 7. Native Hawaiian or Pacific Islander 8. Other/Not Listed 9. Prefer not to answer	
		1. Yes 2. No				1. Yes 2. No		1. White	
19. High School Name and Location		21. Why are you enrolling at Waubonsee? (choose one)				14c. Are you in the United States on a Visa – Nonresident Alien?			
		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.				<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.			
20. Date of High School or GED graduation		Highest Degree Codes							
MO YR		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							

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

Other

Student Signature: **X** _____

Note: Payment is due at the time of registration.

Cash
 Check
 VISA
 MasterCard
 Discover
 American Express

Card # _____ Exp. Date: _____ CVV: _____

Billing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Name printed on card: _____

Authorized Credit Card Signature: **X** _____

Tuition	_____
Course fee	_____
Student 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) To help protect your privacy, please do not email any forms containing confidential information. Waubonsee will not process any registration form received via email.