

Registration Form

Community Education/ Workforce Development



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)

Email Address: _____ Have you attended WCC before? Yes No

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

Section II

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

Are you Hispanic or Latino? Yes No

Check one or more of the following race/ethnicity groups.

American Indian/Alaska Native (5) Hispanic (3)
 Asian (4) Native Hawaiian or Other Pacific Islander (9)
 Black or African American (2) White (1)

Please indicate your primary race/ethnicity using the number from the list above _____

Are you in the United States on a Visa – Nonresident Alien? Yes No

If yes, what is your home country of origin? _____

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) _____

- Course work for transfer to a four-year college.
- Improve skills needed in present job or to change jobs.
- Prepare for a future job/career.
- Perfect or review basic educational or vocational skills.
- 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

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

Card number _____ Expiration Date _____ CVV _____
 Name printed on card _____ Authorized charge card signature _____ Billing Zip Code _____

Course Fee	
Other	
Total Fees	
Amount received	