SPOKANE COLLEGES SCC | SFCC

Center for Workforce & Continuing Education
Noncredit Registration Form – Open Enrollment

Date _____ First Name _____ Last Name _____ M.I. _____

Previous last name _____ ☐ Female ☐ Male Birthdate (mm/dd/yyyy) _____

Address _____ City _____ State _____ Zip _____

Day phone _____ Evening phone _____ Email _____

Student ID Number (###-###-####) _____

Student's Signature: _____

CLASS NUMBER	CLASS DATE	COURSE TITLE	LOCATION	FEE
REFUND POLICY See Spokane Colleges schedule for complete refund information.			**TOTAL**	$

CONTINUING EDUCATION – PAYMENT INFORMATION

Charge my: ☐ VISA ☐ MasterCard ☐ Discover

Card No: _____

Billing Zip: _____ Expiration Date: _____

Name on Card: _____

Do you have a physical or mental impairment that substantially limits one or more major life activities** (i.e., seeing, hearing, speaking, walking, learning or working)? ☐ Yes ☐ No

*****See the Community Colleges of Spokane quarterly class schedule for ADA information.***

FOR OFFICE USE ONLY

JSP _____ CJST _____ OTHER _____ YRQ _____

WRT _____ BFET _____ WF _____