

## 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 CCS quarterly class 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 \_\_\_\_\_