MASSASOIT COMMUNITY COLLEGE

COMMUNITY EDUCATION
FALL 2017/NON-CREDIT REGISTRATION FORM

LAST NAME | FIRST NAME | MIDDLE NAME | SSN OR STUDENT I.D. NUMBER

STREET ADDRESS | CITY | STATE | ZIP CODE

TELEPHONE NUMBER | BUSINESS NUMBER | DATE OF BIRTH

EMAIL ADDRESS

Race/Ethnicity: (*Optional*)
Do you consider yourself to be Hispanic/Latino? ☐ Yes ☐ No
In addition, select one or more racial categories to describe yourself:
☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African-American ☐ Cape Verdean
☐ Haitian ☐ Native Hawaiian/Pacific Islander ☐ White

☐ Male ☐ Female

☐ Veteran ☐ High School Student

Have you attended Massasoit before? ☐ Yes ☐ No

If you have a disability for which you believe you need a reasonable accomodation, please contact the Disabilities Services Providers at Ext. 1805 or 2132.

CRN	COURSE/SECTION	COURSE TITLE	COURSE COST
15372	CSHH360 B2	Water Aerobics	$109.00
		TOTAL AMOUNT DUE	**$109.00**

WITHDRAWAL & TUITION REFUND POLICY: Withdrawals before the start of the first class are granted a 100% refund. Withdrawals after the first class are refunded 0-50% depending on the length of the course.

NOTE: Please be advised that ceasing to attend a class DOES NOT constitute a withdrawal. If the proper form is not completed, a grade of Failure (F) will be recorded.

Student Signature _____ **Date** _____

Please check type of payment:

☐ Check submitted.
☐ Please charge the following credit card:

Mail completed form to:
Massasoit Community College/Registar's Office
One Massasoit Boulevard, Brockton, MA 02302-3996
Fax form with credit card authorization to: 508-427-1236
Email completed form to: registrar@massasoit.mass.edu

☐ VISA ☐ MasterCard ☐ DISCOVER

CHARGE CARD AUTHORIZATION
ACCOUNT NUMBER

MONTH YEAR
EXPIRATION DATE

NAME AS SHOWN ON CARD _____ SIGNATURE OF CARDHOLDER