



MASSASOIT COMMUNITY COLLEGE

072916

STUDENT REGISTRATION FORM*

FALL 20____ SPRING 20____

**Corporate and
Community Education**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	MIDDLE NAME	SSN OR STUDENT I.D. NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CELL PHONE NUMBER	OTHER PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK	DATE OF BIRTH (MM/DD/YYYY)	

***NOTE: All students enrolling in credit courses must complete the other side of this form.**

Race/Ethnicity: (Optional) Do you consider yourself to be Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No In addition, select one or more racial categories to describe yourself: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Haitian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> High School student	<input type="checkbox"/> Veteran <input type="checkbox"/> Dependent of veteran <input type="checkbox"/> Member of the armed forces
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Have you attended Massasoit before? Yes No Email address: _____

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

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 and financial aid, if awarded, may be cancelled.

CRN	COURSE/SECTION	COURSE TITLE	COURSE COST
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____
TOTAL AMOUNT DUE			\$ _____

Non-degree students must submit proof of successful completion of prerequisite(s) along with the registration form.

WITHDRAWAL AND REFUND POLICY: Non-credit Courses: Withdrawals before the start of the first class are granted a full 100% refund. Withdrawals after the first class are refunded 0-50% depending on the length of the course.

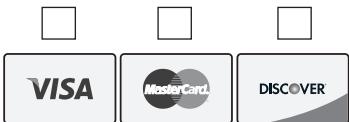
Student Signature _____	Date _____
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PAYMENT BY:

Credit Card

Check

Mail completed form to:
 Registrar's Office
 One Massasoit Blvd., Brockton, MA 02302-3996
 registrar@massasoit.mass.edu
 or fax form with credit card authorization to:
 508-427-1236



CHARGE CARD AUTHORIZATION

ACCOUNT NUMBER

MONTH

YEAR

EXPIRATION DATE

NAME AS SHOWN ON CARD

SIGNATURE OF CARDHOLDER