



MASSASOIT COMMUNITY COLLEGE

COMMUNITY EDUCATION

SUMMER 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:

<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	

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
40901	CSZK006 CM	Science	\$347.00
TOTAL AMOUNT DUE			\$347.00

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 _____
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Please check type of payment:

- Check submitted.
 Please charge the following credit card:

Mail completed form to:
 Massasoit Community College/Registrar'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



CHARGE CARD AUTHORIZATION

ACCOUNT NUMBER															
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MONTH YEAR

EXPIRATION DATE	
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NAME AS SHOWN ON CARD

SIGNATURE OF CARDHOLDER