



## 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:

<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
15443	CSPI201 C4	Quilter Group	\$69.00
<b>TOTAL AMOUNT DUE</b>			<b>\$69.00</b>

**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.

<b>Student Signature</b> _____	<b>Date</b> _____
--------------------------------	-------------------

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](mailto:registrar@massasoit.mass.edu)



CHARGE CARD AUTHORIZATION

ACCOUNT NUMBER															
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MONTH YEAR

EXPIRATION DATE	
-----------------	--

NAME AS SHOWN ON CARD

SIGNATURE OF CARDHOLDER