

REGISTRATION FORM

Please answer all questions on this form and send it together with your check, money order, or credit card information to:

OFFICE OF WORKFORCE DEVELOPMENT & LIFELONG LEARNING

Nassau Community College
One Education Drive
Garden City, New York 11530-6793

Make check payable to: Nassau Community College
OR fax the form with credit card information to:
516.828.3507

YOU MUST BE 18 OR OLDER TO REGISTER WITH THE EXCEPTION OF ALTERNATIVES, HSE, AND SAT PROGRAMS.

HOW DID YOU HEAR ABOUT OUR COURSES?

- | | |
|--|---|
| <input type="checkbox"/> Brochure/Mail | <input type="checkbox"/> Family/Friend |
| <input type="checkbox"/> Website | <input type="checkbox"/> Facebook/Instagram |
| <input type="checkbox"/> Email | <input type="checkbox"/> Google |
| <input type="checkbox"/> Other: _____ | |

Last Name _____

Complete First Name _____

Address _____

City _____ Zip _____

Home Phone: () _____ Male

Cell Phone: () _____ Female

Work Phone: () _____

*Birthdate: mm/dd/yyyy ____/____/_____
required Have you ever taken any courses at NCC? Yes No

e-mail: _____ NCC ID #: _____

COURSE SELECTION

CED #	SECTION	COURSE TITLE	DAY	FEE
Total Amount :				

Non-Credit Refund Policy: The fee is refundable when a course is canceled by the College. The fee is refundable to the student whose written request for withdrawal has been received by the Office of Workforce Development & Lifelong Learning prior to the beginning of the class. A 50% refund of the fee may be made to the student who has applied in writing to the Office of Workforce Development & Lifelong Learning prior to the second session of the class. **NO REFUNDS WILL BE MADE AFTER THE SECOND CLASS MEETING.** Please be advised that if a refund is due it will take approximately 2-3 weeks to be processed.

CREDIT CARD PAYMENT INSTRUCTIONS:

I authorize the use of my credit card for full payment of the amount of my course registration as indicated on this non-credit registration application.

Students with overdue tuition and fees may be referred to a collection agency and will incur additional liabilities of up to 33% to cover all associated collection cost processes.

Step 1: Print Cardholder's name
(as it appears on the credit card) _____

Step 2: Provide Cardholder's signature: _____

Step 3: Please read: I certify that there is sufficient credit amount on the card listed below to cover the fee charges shown on the accompanying Registration Form. Otherwise, I understand the lack of approval by my credit card company will result in cancellation of this registration for non-payment.

Step 4: Card Information:
PLEASE Check ONE: VISA Mastercard Discover American Express

Card Number: _____ **Date of Expiration:** ____/____/____

