



Center for Workforce and Community Education
A Division of the Community College of Rhode Island

Registration Form for CWCE Courses

ALL MAILED REGISTRATIONS must be sent to:
CCRI, Center for Workforce & Community Education
 1762 Louisisset Pike, Lincoln, RI 02865-4585
 Phone: 401-825-1214, 401-455-6144, or 401-333-7070

CCRI ID #

If you do not have a CCRI ID, or do not know it, please leave this field blank. We will assign one and enter this information for you.

ALL FAXED REGISTRATIONS must be sent to 401-333-7237.

SOCIAL SECURITY # (Optional)

____/____/____

DATE OF BIRTH (Required)

 LEGAL NAME (Last, First, Middle) MAIDEN NAME (if Applicable)

 STREET CITY STATE ZIP CODE

(____) _____ (____) _____
 HOME PHONE CELL PHONE E-MAIL ADDRESS

CRN #	COURSE #	COURSE TITLE	FEE

REGISTRATION FEE: (Add \$5.00 per course where applicable. Note course description.)

SEX: Male ETHNIC: American Indian / Alaskan Native Hispanic Single
 Female Asian or Pacific Islander White, non-Hispanic Married Other
 Black, non-Hispanic Other

Note: Community College of Rhode Island is a state-supported agency; therefore, tuition and fees are subject to change at any time. Waivers are not applicable to Workforce & Community Education courses. Payments in full must be made at the time of registration. Make checks payable to Community College of Rhode Island. All cash payments must be made at the Bursar's Office only. Registration in any Workforce & Community Education course or activity (credit or non-credit) will NOT take place unless all monetary obligations to the College are fulfilled. This registration form serves as your course schedule. We will notify you only if your registration is incomplete, if your class is full or if the class is cancelled due to insufficient enrollment.

Refund Policy: The College will refund your fee if the course you choose is full or cancelled, or if you withdraw from a course before the first class meeting. Refunds on credit card payments will be made by check to the registered student. No partial refunds are made under any circumstances. To withdraw, call 333-7070 before the course start date.

STUDENT SIGNATURE

FOR OFFICE USE ONLY:

I am paying by (Check One):
 Personal Check
 Money Order
 Charge TOTAL PAID \$ _____

*Please make checks or money orders payable to CCRI.

CHARGE CARD INFORMATION
 Discover MasterCard Visa

I WANT TO CHARGE MY FEES TO (Credit Card Account #)

CREDIT CARD HOLDER

Print Name _____
 Exp. Date ____/____/____
 Card Holder's Signature _____