



For Office Use Only	
Student ID@:	
Entered By/College:	
Term/POT:	

**CT STATE COMMUNITY COLLEGE**

Course Registration Form - Workforce Development & Continuing Education

Registration deadline is **one business day prior to the start of class**. Completion of any program does not guarantee employment. All students must meet course prerequisite requirements. If prerequisites were NOT taken at CT State, you must provide a transcript (official or unofficial) at the time of registration.

CAMPUS LOCATION: \_\_\_\_\_

STUDENT LEGAL NAME: \_\_\_\_\_  
First
Middle Name
Last Name

STREET: \_\_\_\_\_  
Town
State
Zip Code

TELEPHONE: \_\_\_\_\_ TEXT MESSAGE PERMISSION  Yes  No

E-MAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
*(Required by College)* *(Required by the College)* dd/mm/yyyy

Is this your first time attending a Connecticut Community College?  Yes  No HS Diploma or GED?  Yes  No

Gender:  Male  Female  Other U.S. Citizen?  Yes  No Veteran?  Yes  No

Ethnicity:  Hispanic/Latino  Non-Hispanic/Non-Latino  Decline to State (None)  
Race:  White  Black or African American  American Indian or Alaskan Native  Asian  
 Native Hawaiian or Other Pacific Islander  Other  Decline to State

How did hear about this program?  Website  Family/Friend  Facebook/social media  Other \_\_\_\_\_

CRN	SUBJ & Course #	Course Title	Dates (To and From)	Days	Time	Cost
<b>Total Payment:</b>						

Cash  Credit  Check  Third Party \_\_\_\_\_ (SNAP, WIOA, etc.)

\*Payments can be made at the Bursar's office or submitted through your [MyCTState](#) account by selecting [Account Summary](#) and logging in with your student ID number. A full refund for noncredit programs will only be considered when a student drops a class up to one business day prior to the first scheduled meeting. No refunds or credit towards another program will be considered after the first class has begun.

**Acknowledgment Statement:**

I understand that when I register for any class at CT State Community College or receive any service from the CT State, I accept full responsibility to pay all tuition, fees, and other associated costs as a result of my course registration and/or receipt of services. I understand and accept that if I fail to pay by the scheduled due date and fail to make acceptable payment arrangements to bring my account current, CT State Community College may refer my delinquent account to a collection agency and the College may no longer accept direct payments. I further understand that if the CT State Community College refers my student account balance to a third party for collection, a collection fee may be assessed and that my delinquent account may be reported to one or more of the national credit bureaus or be subject to tax-offset. By my signature I acknowledge this statement. By my signature I also acknowledge that I have read and agree to all terms and conditions outlined in the Student Enrollment Agreement: <https://www.ct.edu/admission/tuition>.

**By signing the below, I affirm that I am the above-named person, and that the information presented above is true and accurate.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yyyy