CT STATE COMMUNITY COLLEGE

WORKFORCE DEVELOPMENT AND CONTINUING EDUCATION

Course Registration

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 or a legacy campus, you must provide a transcript (official or unofficial) at the time of registration.

Campus Location: Choose Campus Location

Student Legal Name: _____ _____ _____
First *Middle* *Last*

Street: _____ _____ _____ _____
Town *State* *Zip Code*

Telephone: _____ E-mail Address: _____

Date of Birth: _____
mm/dd/yyyy

Is this your first time attending CT State or a former 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/Latine ☐ Non-Hispanic/Non-Latine ☐ Decline to State

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	Subject and Course #	Course Title	Dates (To and From)	Days	Time	Cost
					Total Payment:	0.00

☐ **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 NetID number. A full refund for non-credit 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 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 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://bit.ly/se-agreement.

By signing 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

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