



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 _____

Table with 7 columns: CRN, SUBJ & Course #, Course Title, Dates (To and From), Days, Time, Cost. Includes a Total Payment row.

[] 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