Credit-Free Classes Registration Form

Banner I.D. @_____

Social Security Number   *Last Name*   *First Name*   *MI*

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Street Address   *City or Town*   *State*   *ZIP Code*

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Birth Date   *Area Code*   *Telephone/Evening*   *Area Code*   *Telephone/Day*   *Ext.*

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Example 11/05/52 = Nov. 5, 1952

E-mail_____

Please check applicable boxes:

U.S. Citizen Yes No	Male Female	Black, non-Hispanic American Indian Asian or Pacific Islander	Hispanic White, non-Hispanic	Have you ever attended a Community College in CT for *EITHER* a <u>credit</u> *OR* <u>credit-free</u> course? Yes No

Signature _____   _____   _____
     (Your registration cannot be accepted without your signature)   *Date*   *Occupation*

Course information should be provided in the appropriate spaces below (see example on line 1):

CRN#	Course Title	Credits *(If applicable)*	Date	Location	Cost

Total Cost $

Attached is my check: *Payable to:* **MxCTC**
   (To ensure proper credit please put Social Security number on Check)

   Mail or Fax to: (see previous page)

Charge to my: MasterCard   Visa

Account Number _____ *Expiration Date* _____

Signature _____