Credit-Free Classes Registration Form

Banner I.D. @ _____

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

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

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

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 credit *OR* credit-free 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 _____