WESTERN
WYOMING COMMUNITY COLLEGE

_____Summer _____Fall _____Spring
Outreach Location:_____
Test Proctoring Location:_____

OUTREACH REGISTRATION FORM

Legal Name *Last* *First* *Middle* *Maiden* *Former*

Social Security Number ___/__/____ Student ID Number

Permanent Mailing Address

Street Address_____

P.O. Box (if any)_____

City_____

State_____County_____Zip_____

Permanent Phone Number (_____)_____

Work Phone Number (____)_____

E-mail Address_____

How long have you lived at the above address?_____

If a Wyoming resident, how long have you lived in Wyoming?_____

If not at least one year, where did you reside before?

_____

Country of Citizenship_____
If not U.S., what is your visa status?_____
All non US residents must submit a copy of the visa.

Emergency Contact: Name_____
Phone_____

Demographic Information This information is being gathered for reporting, recordkeeping and student assistance. The responses to these questions will have nothing to do with the admission decision.

Gender: ❑ Male ❑ Female Birthdate: Month____ Day____ Year____

Ethnic Status:
❑ Black ❑ American Indian
❑ Hispanic ❑ Hawaiian/Pacific Islander
❑ Asian ❑ White
❑ Non Resident Alien (foreign student)

Reason for Enrollment:
❑ Degree Seeking
❑ Taking Courses for Transfer, Not Degree Seeking
❑ Personal Enrichment or Exploration
❑ Taking Courses to Develop New Job Skills
❑ Teacher Recertification
❑ Other (Specify)_____

Do you give WWCC permission to use the following as directory information and release it upon request? Items such as: name, address, phone, e-mail address, enrollment status and photograph. ❑ Yes ❑ No

COURSE INFORMATION Please Print and assure that the synonym # is correct. Be careful to indicate audit and pass/fail courses.

Synonym Number	Course No. (ex ART 2150 01)	Title	Cr. Hrs.	Time	Days	Audit (Y/N)	Pass/Fail (Y/N)

Total Hours

I understand that once my registration is processed, I am officially registered for the semester and am responsible for all debts incurred. If my account is not paid in full, I understand that the College may hire a collection agency to take action. If my account is assigned to a collection agency, I understand that I am responsible for all attorney fees, court costs or delinquency fees that may be incurred during the collection of my debt. I understand that the delinquency fee will be equal to 50% of the principal amount owed. If a refund is due from my account, I authorize the College to automatically issue a refund check.

Student Signature Date

Payment Method: ❑ Cash ❑ Check ❑ Financial Aid Type_____
❑ Credit Card – Type_____Number_____Exp Date_____

Office Use Only:
Tuition_____ Date Registered_____ Amnt of Payment_____ Receipt #_____
Course Fees_____ By_____ Date_____ By_____
Total_____