WOR-WIC COMMUNITY COLLEGE CONTINUING EDUCATION & WORKFORCE DEVELOPMENT REGISTRATION FORM

Questions? Call 410-334-2815.

Payment is due at time of registration. No refunds after class has started. Please print clearly.

Social Security Number OR Student ID | Legal Last Name | Legal First Name | MI

Current Home Address:

Street Number & Street Name/ P.O. Box | City | State | Zip Code

Work Phone # | Home Phone # | Cell Phone # | Email Address

Date of Birth ____ /____ /____ (Month Day Year)

MD Senior (Age 60 or over) ☐ Yes

Gender: ☐ Male ☐ Female

Question 1: Are you of Hispanic or Latino origin? ☐ Yes ☐ No

Question 2: What is your race? *Select one or more of the following:*

☐ White ☐ Black /African American ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

I am a resident of: ☐ Wicomico ☐ Worcester ☐ Somerset ☐ Other _____

Tuition Rates by Residency: Wicomico, Worcester & Somerset Counties - pay the tuition rate listed. | Maryland Out-of-County - add $10 per course. | Accomack & Sussex Counties - add $11 per course. | All other Out-of-State Counties - add $15 per course. | Maryland senior (age 60 or over) - do not pay tuition, only the fee as indicated in the course information.

Course ID	Course Title	Start Date	Start Time	Tuition	Fee (if listed)	Out of County (add $10)	Accomack & Sussex (add $11)	Out of State (add $15)	Total
Z S A M - 1 2 3 - 4 5 6 7	Sample Registration	MM/DD	AM/PM	$	+	+	+	+	= $ fill in amount
					+	+	+	+	= $
					+	+	+	+	= $
					+	+	+	+	= $
					+	+	+	+	= $

YES, I want to contribute to the Student-to-Student Scholarship fund. (All donations benefit continuing education students.) $

Grand Total $

Check appropriate payment option. (Payment due at time of registration.):

☐ Personal Check OR ☐ Money Order (made payable to Wor-Wic Community College)

☐ Cash Payment (do not mail cash) in amount of $ _____

☐ Credit/Debit Card: ☐ MasterCard ☐ VISA ☐ DISCOVER ☐ AMERICAN EXPRESS

Card #: _____ Exp. Date: _____ V#: _____ (3 #s on back of card)

Card Holder's Signature (required): _____

☐ Employer Paid: ☐ Payment Provided ☐ Bill Company (purchase order or approval letter attached)

Company Name: _____

Company Address: _____

I certify that the above information is true and accurate. I agree to abide by the college's student conduct policy and all other college policies as cited in the college catalog.

Student Signature (required) | Date

Four Easy Ways to Register:

ONLINE
www.worwic.edu/non-credit

MAIL
Wor-Wic Community College
Continuing Education & Workforce Development
32000 Campus Dr., Salisbury MD 21804

IN-PERSON
Fulton-Owen Hall
Room 102

FAX
410-334-2952

OFFICE USE ONLY

Date Rcvd: _____	Date Rcvd: _____	Date Rcvd: _____	Date Rcvd: _____
☐ Deferred ☐ Paid in full	☐ Deferred ☐ Paid in full	☐ Deferred ☐ Paid in full	☐ Deferred ☐ Paid in full
☐ C ☐ T ☐ R% $_____	☐ C ☐ T ☐ R% $_____	☐ C ☐ T ☐ R% $_____	☐ C ☐ T ☐ R% $_____
Initials: _____	Initials: _____	Initials: _____	Initials: _____