Registration Form for CWCE Courses

Center for Workforce and Community Education
A Division of the Community College of Rhode Island

ALL MAILED REGISTRATIONS must be sent to:
CCRI, Center for Workforce & Community Education
1762 Louisquisset Pike, Lincoln, RI 02865-4585
Phone: 401-825-1214, 401-455-6144, or 401-333-7070

ALL FAXED REGISTRATIONS must be sent to 401-333-7237.

CCRI ID # | | | | | | | | |

If you do not have a CCRI ID, or do not know it, please leave this field blank. We will assign one and enter this information for you.

SOCIAL SECURITY # (Optional)

_____/_____/_____
DATE OF BIRTH (Required)

LEGAL NAME (Last, First, Middle)

MAIDEN NAME (If Applicable)

STREET CITY STATE ZIP CODE

(_____)_____
HOME PHONE

(_____)_____
CELL PHONE

E-MAIL ADDRESS

CRN #	COURSE #	COURSE TITLE	FEE
	-		
	-		
	-		
REGISTRATION FEE: (Add $5.00 per course where applicable. Note course description.)			

OPTIONAL: SEX: ☐ Male ☐ Female

ETHNIC: ☐ American Indian / Alaskan Native ☐ Asian or Pacific Islander ☐ Black, non-Hispanic ☐ Hispanic ☐ White, non-Hispanic ☐ Other

Note: Community College of Rhode Island is a state-supported agency; therefore, tuition and fees are subject to change at any time. Waivers are not applicable to Workforce & Community Education courses. Payments in full must be made at the time of registration. Make checks payable to Community College of Rhode Island. All cash payments must be made at the Bursar's Office only. Registration in any Workforce & Community Education course or activity (credit or non-credit) will NOT take place unless all monetary obligations to the College are fulfilled. This registration form serves as your course schedule. We will notify you only if your registration is incomplete, if your class is full or if the class is cancelled due to insufficient enrollment.

Refund Policy: The College will refund your fee if the course you choose is full or cancelled, or if you withdraw from a course before the first class meeting. Refunds on credit card payments will be made by check to the registered student. No partial refunds are made under any circumstances. To withdraw, call 333-7070 before the course start date.

STUDENT SIGNATURE _____

FOR OFFICE USE ONLY:

I am paying by (Check One):
☐ Personal Check
☐ Money Order
☐ Charge

TOTAL PAID $ _____

*Please make checks or money orders payable to CCRI.

CHARGE CARD INFORMATION
☐ Discover ☐ MasterCard ☐ Visa

I WANT TO CHARGE MY FEES TO (Credit Card Account #:)

CREDIT CARD HOLDER

Print Name _____

Exp. Date _____ / _____

Card Holder's Signature _____