

KCC Community and Workforce Education Registration Form

Klamath Community College is required to collect some of the data for institutional compliance. We appreciate your cooperation.

If the College cancels a class, students are entitled to a full refund of tuition and applicable fees. In order to receive a refund students must fill out an Add/Drop form. Refunds are based on the following criteria:

Class length	Drop deadline
3-12 weeks	Before second class meeting
Less than 2 weeks	Prior to the first class meeting

Name: _____
Last Name First Name MI

Social Security Number *: _____ - _____ - _____ Date of Birth: ____/____/____ Sex: F ____ M ____

* Social Security Number: Providing your Social Security Number is voluntary. If you provide it, KCC will use your SSN for keeping records, doing research, determining financial aid eligibility and reporting. KCC will not use your SSN to make any decision directly affecting you or any other person. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Providing your SSN means that you consent to use the number in the manner described.

Marital status: S ____ M ____ State resident? Y ____ N ____ Veteran? Y ____ N ____

Ethnicity: (Choose one)

Hispanic/Latino Not Hispanic/Latino

Race: (Choose one or more, regardless of Ethnicity)

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

Address: _____
Street City State Zip Code

County: _____ Phone: _____ E-mail: _____

I hereby certify that I have provided complete and accurate responses to the items on this form. I understand that if it is found to be otherwise, that will be significant cause for denial of registration or dismissal from class.

Signature: _____ Date: _____

Course Number	Course Name	Dates	Start/End Time	Price

Total _____

Payment options: (please check option used)

Please make checks payable to Klamath Community College.

Credit Card ____ Enclosed Check ____ Enclosed Cash ____ I will make payment prior to first class ____

Card #: _____ Expiration date: _____ MasterCard ____ Visa ____ Discover ____

Name as printed on card: _____

Signature of card holder: _____ Date: _____