



Registration Form

541.880.2243

ce@klamathcc.edu | www.klamathcc.edu

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:

Students must drop prior to first class in order to receive refund

Name _____
(Last) _____ (First) _____ (Middle) _____

Phone _____ **Email** _____

Mailing Address Line 1 _____

City _____ **State** _____ **ZIP** _____

Date of Birth _____ **Gender** Male Female
MM/DD/YYYY

Marital Status Married Single **Ethnicity** Hispanic/Latino Not Hispanic/Latino

Race (check all that apply) African American/Black American Indian/Alaska Native
Asian Pacific Islander White/Caucasian

Social Security Number _____

Providing your social security number is **not required for Community Education**. If you plan
to take credit classes and apply for Federal Financial Aid, it will be required.

Course Number	Course Name	Dates	Start/End Time	Cost

KCC is required to collect some of the data for institutional compliance. We appreciate your cooperation.
Non-Discrimination Policy: Klamath Community College is an equal opportunity educator and employer.

Total Cost _____

Payment Options: (check one)

Credit Card Enclosed Check Enclosed Cash I will make payment prior to class
Card Number _____ Expiration Date _____
Name as it appears on card _____ Visa MasterCard Discover Amex
CVC# _____

If the card is not under your name, please complete the details on
back of this form.

I hereby certify that I have provided complete and accurate information on this form, and I understand that if it is found to be otherwise,
it is sufficient cause for rejection or dismissal. Signature also confirms credit card payment.

Student Printed Name

Student Signature

Date

I authorize the student named on this form to use my credit/debit card for the purpose of registering and paying for community education classes. I understand and approve this use of my card.

Cardholder's Full Name: _____

Cardholder Signature: _____

Cardholder's Contact Info: _____

Date: _____