



## Registration Form

541.880.2243

[ce@klamathcc.edu](mailto:ce@klamathcc.edu) | [www.klamathcc.edu](http://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:** \_\_\_\_\_

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Student Printed Name

Student Signature

Date