NON-CREDIT REGISTRATION FORM

TERM: 20 ________

STUDENT INFORMATION
(Please print one letter per box)

STUDENT ID # (OR SS NUMBER FOR NEW STUDENTS) EMAIL ADDRESS

LAST NAME

FIRST NAME MI

Mailing Address APARTMENT / FLOOR NUMBER

CITY/TOWN STATE ZIP CODE

DAY TELEPHONE NUMBER EVENING TELEPHONE NUMBER

FOR STATISTICAL PURPOSES ONLY (OPTIONAL)

☐ Male ☐ Female Birth Date ___________ / ___________ / ___________

ETHNICITY (Select only one) RACE (Select all that apply to you)

☐ Hispanic or Latino ☐ White (Non-Hispanic) ☐ Black/African American

☐ Not Hispanic or Latino ☐ American Indian/Alaskan Native ☐ Native Hawaiian or Pacific Islander

☐ Asian ☐ Other

COURSE SELECTION SECTION

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Senior Citizen Waiver Section
(In order to verify that age and residency eligibility requirements are met, Seniors requesting a waiver must register in person and provide valid identification.)

I am a resident of Essex County 60 years of age or older.

________________________________________________________
Signature for Senior Citizen Waiver

FEES $

*CEUs $8.00 FEE PER COURSE

OTHER $

TOTAL $

Check one: ☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa (Card Expiration Date _____/_____/

Credit Card/Check/M.O. # __________________________________________________________ Staff Initials ________

Name on credit card/check ______________________________________________________ Date _____/_____/

Make all checks and/or money orders payable to: Essex County College

YOUR REGISTRATION HAS BEEN ACCEPTED UNLESS YOU ARE NOTIFIED OTHERWISE.

____________________________________________
STUDENT’S SIGNATURE

________________________
CE&WEC STAFF

________________________
DEPT CODE

________________________
DATE