

WWCC Mail/Phone Registration — Spring 2002

- **Mail Registration:** This form must be filled out completely
- **Phone Registration:** Use this form as a worksheet and call 367-6873 or 276-3324
- **In-Person Registration:** Come into the Outreach Office at times scheduled on pg. 5
- A check or money order must be enclosed for the exact amount of tuition and fees before registration will be processed. Visa and Mastercard are also accepted
- Not to be used by full-time students (12 or more semester hours of credit).

Return to:
 Pinedale
 P.O. Box 977
 Pinedale, WY 82941

Big Piney
 P.O. Box 505
 Big Piney, WY 83113

Legal Name: _____
Last First Middle Maiden Former Name(s)

Social Security Number _____ / _____ / _____ **Student ID Number** _____

Permanent Mailing Address:

Street Address _____
 PO Box (if any) _____
 City _____
 State _____ County _____ Zip _____
 Permanent Phone No. (_____) _____
 e-mail Address _____
 How long have you lived at the above address? _____
 If a Wyoming resident, how long have you lived in Wyoming? _____
 If less than one year, where did you reside before? _____
 Country of Citizenship _____
 If not U.S.A., what is your visa status? _____
All non-US residents must submit a copy of the visa

Emergency Contact:

Name _____
 Phone _____

Demographic Information • This information is being gathered for reporting, recordkeeping, and student assistance. The responses to these questions will have nothing to do with the admission decision

Gender: Male Female **Birthdate:** M _____ D _____ Y _____

Ethnic Status: Black American Indian
 Hispanic Hawaiian/Pacific Islander
 Asian White
 Non Resident Alien (foreign student)

Reason for Enrollment:

Taking courses for a degree/certificate (transfer program)
 Taking courses for transfer, not degree seeking
 Personal enrichment or exploration
 Taking course to develop new job skills
 Teacher recertification

Do you give WWCC permission to list your name, address, phone, e-mail address and enrollment status as directory information and release it upon request? Yes No

COURSE INFORMATION • Be sure to print information below and assure that the course number is correct. Be careful to indicate Audit (taking a credit class for no credit) or Pass/Fail Classes. Neither Audit nor Pass/Fail count toward graduation.

Course No (ex: ART 2150 01)	Title	Credit Hrs	Time	Days	Audit (Y/N)	Pass/Fail (Y/N)

Total Hours: _____

Payment Method Cash Check Financial Aid Type _____ Credit Card - Type _____
 Number _____
 Expiration Date _____

Student's Signature _____ **Date** _____

Office Use Only

Tuition _____ Date Registered _____ Amt. of Payment _____ FA Type _____
 Course Fees _____ By _____ Receipt # _____ Amt. of FA _____
 Other Fees _____ Date _____
 Total _____ By _____