

CREDIT-FREE REGISTRATION FORM

5 easy ways to register for Credit-Free courses

Please complete and submit this entire page.

1. By Mail

Complete a registration form (one person per registration form, please). Pay by check, money order, MasterCard or VISA.

Mail entire page with full payment to:

Continuing Education Registration, MS #13
Manchester Community College
Great Path
P.O. Box 1046
Manchester, CT 06045-1046



3. By Fax (860) 512-3221 (24 hours)

Complete a registration form, using your MasterCard or VISA. Please call (860) 512-3220 to confirm that your fax was received.

4. By Phone (860) 512-3232

Call (860) 512-3232 between 9 a.m. and 4 p.m., Monday-Friday, using MasterCard or VISA only.

5. Register Online

Returning students, go to: www.online.comnet.edu (using MasterCard or VISA). For details see page 66 or call (860) 512-2800.

2. In-Person

At the Registrar in the Lowe Building. Pay at the Cashier's Office by cash, check, money order, MasterCard or VISA. Please use the night drop box after hours.

No written confirmations are mailed. Registrants will be contacted by MCC only if a course cancels or if classrooms, meeting times or dates change.

MCC Credit-Free Course Registration

Print clearly in ink. Register one person per form. Photocopy form as needed.

Banner I.D. # _____ **Soc. Sec. No.** _____
(if known)

Name (Last) _____ **(First)** _____ **(M)** _____

Previous Name (if any) _____ **Email address** _____

Home Address (Number and Street) _____

City _____ **State** ____ **Zip Code** _____

Tel. (Home) _____ **(Work)** _____ **(Cell)** _____

Be sure to include both a day and evening phone number in case we need to inform you of a scheduling change or cancellation.

Birth Date _____ **Sex** Female Male **Today's Date** _____

Resident Information ARE YOU: *(Check applicable)*

A CONNECTICUT RESIDENT FOR 1 YEAR? YES NO

ARE YOU: *(Check applicable)* 01 AMERICAN 02 NATURALIZED 03 APPLIED FOR CITIZENSHIP 04 STUDENT VISA

05 NOT ON STUDENT VISA - Other *(Specify)* _____ COUNTRY OF ORIGIN _____

06 PERMANENT RESIDENT *(Registration Number)* _____

CRN #	Course Title	Start Date	Time	Room	Fee

Make check or money order payable to "MCC".

Fees (total enclosed) _____

Credit Card # _____

REFUNDS

Cardholder name (print) _____

Refunds are issued only for Credit-Free courses that MCC cancels, or if a written request is received three (3) business days prior to the first scheduled class meeting. Regardless of circumstances, no exceptions will be considered. See details on page 66.

Cardholder signature _____

Relationship to student _____

Cardholder Address _____

Cardholder phone _____ Exp. Date (mo/yr) _____

Office Use Only	Regis.	Special	Receipt #	Date