

# COURSE REGISTRATION FORM

Please print legibly.

Semester:  Fall  Spring  Summer      Year: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ OR Delgado Student ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Join our email list?  Yes  No

Gender:  Male  Female      Date of Birth: \_\_\_\_\_

Ethnicity:  American Indian/Alaskan Native  Asian  Black Hispanic  Native Hawaiian/OPI  White

Section Number	Course Title	Campus	Start Date	Tuition

### Refund and Payment Policy

- All drop requests must be submitted in writing to noncredit@dcc.edu five business days before the course's start date. Nonattendance does not constitute dropping a class. No drop requests and associated refunds will be granted after the five-day drop period has passed without approval of the Refund Request Committee.
- The complete Refund and Payment Policy for non-credit courses at Delgado can be found online at [www.dcc.edu/workforce-development/continuing-education](http://www.dcc.edu/workforce-development/continuing-education).
- **My signature below indicates that I agree to the Refund and Payment Policy for non-credit courses at Delgado Community College.**

\_\_\_\_\_  
Student Signature (required)

For Office Use Only		
/  Student registered by / date	Received by:  _____  <input type="checkbox"/> Walk-in <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone  Date: _____	Other:  <input type="checkbox"/> Email receipt/confirmation <input type="checkbox"/> Invoice emailed <input type="checkbox"/> Payment options email <input type="checkbox"/> Added to email list <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>