

Corporate Partnerships and Workforce Development Registration Form (non-credit courses)

Please be advised that, if there are any, additional fees may be applied to your bill. Anyone who registers, in any acceptable way, and fails to attend classes is still subject to full tuition and fee charges. Students must officially drop or withdraw from class in order to be reimbursed according to the published refund schedule. **All charges must be paid in full at time of registration.** This form may be mailed to address as indicated above or emailed. **To complete the form:** Save this file to your desktop as a .pdf and open the .pdf version on your desktop; enter the required information into the form, print the form and sign the one (or two for credit card payment) field(s) on the printed form. The phone numbers and email addresses entered on this form will be used for the College's emergency notification system. Please contact the Office of Public Safety for more information or to opt out of the system.

1. _____ Social Security Number (optional)	OR	_____ Student ID (if available)	SEMESTER & YEAR: FALL 20 _____ WINTER 20 _____ SPRING 20 _____ SUMMER 20 _____
2. _____ Last Name	_____ First Name	_____ Middle Initial	
3. _____ Birth Date (mm/dd/yyyy)	4. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
5. Home Phone _____		Cell Phone _____	
6. Ethnic Group: American Indian or Alaskan Native <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/>			
7. _____ Permanent Address		_____ City / State / Postal Code / Country	
8. _____ Mailing Address (if different from above)		_____ City / State / Postal Code / Country	
9. _____ Personal E-mail Address	10. Military Status: Active Military <input type="checkbox"/> Active Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran <input type="checkbox"/>		
10. Country of Citizenship: _____			

List Choice	4-Digit Class Number	Course Subject & Number	Section Number	Course Title	Meeting Days	Meeting Times	Campus
➡ Example	6357	AP-201	301	Journey	SAT & SUN	9am – 5pm	WEL

_____	_____	_____	_____
Signature of Student <i>Sign after printing out the form</i>	Date	If younger than 18, signature of legal parent/guardian & relationship to student	Date

**Once your registration has been processed,
you will receive an email with further details on how to pay for you course.**

**Failure to pay for your course within five business days,
you will be dropped form the course for nonpayment.**

If you have any questions, please email cpwd@massbay.edu

Office Use Only: Student ID #: _____ Date Registration Processed: _____ Employee Initials: _____