Last Name_____ First Name_____

Address_____

City_____ Zip_____

Home Phone: (____)_____ *Cell Phone: (____)_____

*Birthdate: mm/dd/yyyy __ __/__ __/__ __ __ __   I identify my gender as:_____

Have you ever taken any courses at NCC? q Yes q No   NCC ID# NOO_____

*Preferred E-mail:_____

Alternate E-mail:_____

*required information

COURSE SELECTION
YOU MUST BE 17 OR OLDER TO REGISTER WITH THE EXCEPTION OF HSE PREP COURSES.

CED #	SECTION	COURSE TITLE	START DATE	FEE
			Total Amount:	$

q By submitting this registration form, I am accepting the terms of the refund policy noted belo

q   V í À Ì ˆ v Þ Ì … > Ì Ì … í À í ˆ Ã Ã Õ v w V ˆ í ˜ Ì V À í ` ˆ Ì  > " œ Õ ˜ Ì  œ ˜  Ì … í  V > À `
shown on this Registration Form. Otherwise, I understand the lack of approval by my cred
card company will result in cancellation of this registration for non-payment.

CREDIT CARD PAYMENT INSTRUCTIONS:

q I authorize the use of my credit card account for full payment of the amount of my cours
registration as indicated on this non-credit registration application.

Credit Card Processing Fee of 2.75% applies ONLY if a student pays online through the
NCC portal.

Step 1: Print Cardholder s name:_____

_____

_____

Non-Credit Refund Policy: Fee is refundable when a course is canceled by the College. For a program or course offered by the Center for Workforce Development (CWD), a refund request must be received in writing at least seven (7) days prior to the start of the course to be honored by CWD. Please be advised that if a refund is due, it will take approximately 2-3 weeks to be processed.

HOW TO REGISTER FOR WORKFORCE DEVELOPMENT COURSES

EMAIL-IN
CWD@ncc.edu

MAIL-IN
Nassau Community College
Center for Workforce
Development
One Education Drive
Garden City, NY 11530-6793

WALK-IN
356 East Road
(on NCC Campus)

Please use this registration form to register for classes on pages 12 through 14 of this brochure.