



Mail To: Continuing Education Office / Asnuntuck Community College / Registration Form
 170 Elm Street / Enfield, CT 06082 / Phone: 860.253.3034 or 253.3066 / Fax: 860.253.3067

Full Legal Name: _____
 (Last) (First) (Middle)

Address: _____
 (Street) (City) (State) (Zip)

E-Mail Address: _____

Phone: _____ Work / Cell Phone: _____

Date of Birth: _____ Former Last Name (if applicable): _____

Social Security #: _____ Sex: Male Female Are you a U.S. Citizen? Yes No

REFUND POLICY: If a registered student withdraws from a course at least one business day prior to the start of the course, the tuition shall be fully refunded. No refunds are issued on or after the first day of class.

Student Signature--I have read the refund policy.
 X

Special Needs/Disability Access Policy: It is the policy of Asnuntuck Community College to provide reasonable academic adjustments for students with a documented disability. Students with documented disabilities are encouraged to notify Deb Kosior, Counselor and Coordinator of Students Disabilities Services at 860-253-3005 or dkosior@asnuntuck.edu prior to the start of class.

Information concerning birth date, gender, ethnic group, disability and social security number is being collected for reporting purposes only and will not be used in the selection process for admissions.

How did you get our current brochure? on mailing list from a friend picked up at off-campus location phone request
 workplace picked up at ACC newspaper, please specify: _____

Ethnicity (optional): White Black Hispanic/Latino Asian Native Hawaiian/Pacific Islander American Indian/Native Alaskan Other

Notice of Non-discrimination: Asnuntuck Community College does not discriminate on the basis race, color, religious creed, age, gender, gender identity or expression, national origin, marital status, ancestry, present or past history of mental disorder, learning disability or physical disability, political belief, veteran status, sexual orientation, genetic information, or criminal record. The following individuals have been designated to handle inquiries regarding the non-discrimination policies: Yhara Zelinka, Title IX Coordinator, yzelinka@asnuntuck.edu (860) 253-3092 and Deb Kosior, Section 505/ADA Coordinator, dkosior@asnuntuck.edu (860) 253-3005, Asnuntuck Community College, 170 Elm Street, Enfield, CT 06082.

CRN	Course Title	Start Date	Cost	Time	Room
Total:					

*Payment must be submitted at time of registration.

*PAYMENT INFORMATION: Check Number _____ Money Order _____ Payable to: **Asnuntuck Community College**
 MasterCard / Visa / Discover: _____ Exp. _____
 Cardholder Name: _____ 3 Digit Code: _____

Office use ONLY	Entered:	Banner ID:	@								
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Five ways to register:

FAX: Fax the registration form with your MasterCard, Visa or Discover information to (860) 253-3067

IN PERSON: Bring the registration form and payment to the Continuing Education office, Monday- Friday between 8:30 a.m. - 4:30 p.m. or to the Information Station after 4:30 p.m. - check or credit card or money order only.

MAIL IN: Send this registration form in to the above address along with a check or money order payable to A.C.C. (Asnuntuck Community College) or MasterCard/ Visa/Discover information. Course fees are payable at the time of registration. You are registered for a class unless notified otherwise.

CALL IN: Register over the phone with a Visa, MasterCard or Discover by calling 860-253-3066 or 860-253-3034.

REGISTER ONLINE at
 asnuntuck.edu/
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