

NONCREDIT REGISTRATION FORM
PLEASE CLIP AND RETURN TO:

Student ID# _____
Entered by _____
Date _____

Department of Continuing Education & Community Services
Three Rivers Community College • 574 New London Turnpike • Norwich, CT 06360-6598
Telephone: 860-885-2608 • Fax: 860-886-5063

Registration deadline is one business day prior to the start of class, which includes the online Ed-2-Go® program. Payment must accompany your registration. Completion of any program does not guarantee employment.

LEGAL NAME: _____
Former Name (s) if applicable

STREET: _____

TOWN/STATE ZIP CODE: _____

TELEPHONE #: _____ DATE OF BIRTH: _____
(Required by College)

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____
(Required by the College)

How did you hear about our programs? Newspaper Direct Mail Internet Friend/Family Member Other _____

Is this your first time attending a Connecticut Community College? Yes No

Gender: Male Female U.S. Citizen? Yes No

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino Decline to State (None)

Race: White Black or African-American American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander Other Decline to State

CRN#	TITLE	COST
_____	_____	_____
_____	_____	_____
_____	_____	_____
		TOTAL _____

I am enrolling in the Spring 2012 classes and would like to be entered into a sweepstakes to win a free online Ed-2-go® class.
(A \$99 value)

Cash, must be exact amount Check, made payable to TRCC

Visa MasterCard Discover

Amt. Charged _____ Credit Card # _____ Exp. Date _____

Zip Code of Credit Card Holder *(Required by Credit Card Company)* _____ 3-Digit Security Code _____

CONSENT FOR THE DISCLOSURE OF EDUCATION RECORDS FOR USE WITH COLLEGE APPLICATIONS

I understand that Three Rivers Community College is one of twelve colleges comprising the Connecticut Community College System, which has administrative offices in Hartford, CT. I further understand that in order to maintain accurate student records, and for other legitimate business purposes, it may be necessary for Three Rivers Community College to share personally identifiable information pertaining to me with another Community College in the Community College System or with the System Office. Accordingly, I hereby authorize Three Rivers Community College to release such information contained in my education record for legitimate business purposes relating to my application for admission, registration for courses and my continued enrollment at Three Rivers Community College.

I also pledge myself to comply, in good faith with all the rules and regulations of the College. I realize that any misleading information on this application may be cause for dismissal.

Signature _____

Date _____