

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. _____ OR _____
Social Security Number (optional) Student ID (if available)

2. _____
Last Name First Name Middle Initial

3. _____ 4. Gender: Male Female
Birth Date (mm/dd/yyyy)

5. _____
Home Phone Cell Phone

6. Ethnic Group: American Indian or Alaskan Native Hispanic / Latino White Asian
Cape Verdean Black / African American Native Hawaiian or Pacific Islander

7. _____
Permanent Address City / State / Postal Code / Country

8. _____
Mailing Address (if different from above) City / State / Postal Code / Country

9. _____ 10. Military Status: Active Military Active Reserve Veteran Not a Veteran
Personal E-mail Address

10. Country of Citizenship: _____

SEMESTER & YEAR:

FALL 20 _____

WINTER 20 _____

SPRING 20 _____

SUMMER 20 _____

Please note: Register by 12pm on Friday before the class you plan to take. Classes get sold out, list 1st and 2nd choice. If your 1st choice class is full, you will be automatically enrolled in your 2nd choice class.

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
1st							
2nd							

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

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

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

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

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