



**Term:** Fall  Spring  Summer   
**Year:** \_\_\_\_\_

**Non-Credit Course Registration**

*Form may be completed electronically. Print, sign, and bring with payment to one of the three CCC locations listed at the bottom of the registration form. Form may also be downloaded and completed by hand.*

Social Security Number (SSN):\* \_\_\_\_\_

Your Coconino Community College Student ID: @ \_\_\_\_\_ Comet ID: \_\_\_\_\_

Legal Last Name	First	Middle	Previous Last Name	
Mailing Address	City	State	Zip	
Cell Phone	Other Phone	Emergency Contact (Name and Phone)		
Gender	Date of Birth (MM/DD/YYYY)	Email Address		
<input type="radio"/> Male <input type="radio"/> Female	____ / ____ / ____			
CRN/Subject/Course Number	Course Title	Cost	Instructor	Room Number/Location
For Workforce Development: Employer/Business				

\*You will be assigned a Coconino Community College ID number. Disclosure of your Social Security Number is necessary for IRS purposes and will not be used as your student identification number.

I choose not to disclose my Social Security Number. Initials: \_\_\_\_\_

Student Signature: \_\_\_\_\_

OFFICE USE ONLY	
Entered by:	
Payment:	
Date:	