College of Western Idaho

# COMMUNITY EDUCATION REGISTRATION FORM

**One Stop Student Services - onestop@cwidaho.cc - 208.562.3000 phone - 888.562.3216 fax**
**5500 East Opportunity Drive - Nampa, ID 83687 - www.cwidaho.cc**

*LAST NAME | FIRST NAME | M.I. | STUDENT ID -OR- SOCIAL SECURITY NUMBER

*MAILING ADDRESS | CITY | STATE | *ZIP

COUNTY | *CITIZENSHIP COUNTRY

PHONE NUMBER (INCLUDING AREA CODE) | *DATE OF BIRTH

EMAIL ADDRESS

*Required information

*If you are under 16 years old there may be additional paperwork required.*

## PERSONAL IDENTIFICATION

***Gender:** ☐ Male ☐ Female

**Are you Hispanic or Latino?** ☐ Yes ☐ No

**Race:**
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hawaiian/Pacific Islander
- ☐ White

**Educational Goals:**
- ☐ Certificate
- ☐ Associate Degree
- ☐ Bachelor
- ☐ Second Bachelor
- ☐ Not Seeking Degree/Certificate

**Reason for Taking:**
- ☐ Need for my current job
- ☐ For future job skills
- ☐ For my/my family's health
- ☐ Just for fun
- ☐ To explore new interests

**How you Learned of us:**
- ☐ From a newspaper ad
- ☐ From a radio ad
- ☐ From a brochure or flyer
- ☐ A friend recommended it
- ☐ I found it on the web
- ☐ Previous classes here

## ADD COURSES

| Course # | Title | Start Date | End Date | Tuition/Fees |
|---|---|---|---|---|
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## DROP COURSES

| Course # | Title | Start Date | End Date | Tuition/Fees |
|---|---|---|---|---|
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## GUIDELINES/SIGNATURES

I certify that all the information reported on this document is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information I may be subject to a fine, imprisonment, or both.

STUDENT SIGNATURE | DATE