REGISTRATION FORM

Please answer all questions on this form and send it together with your check, money order, or credit card information to:

LANGUAGE CENTER
Nassau Community College
One Education Drive, F309
Garden City, New York 11530-6793

Make check payable to:
Nassau Community College

OR fax the form with credit card information to: 516.828.3507

Last Name ____________________________________________ Complete First Name ____________________________________________
Address ____________________________________________ Zip ________________
City ___________________________ ________________
Home Phone: ( ) ____________________________
Cell Phone: ( ) ____________________________
Work Phone: ( ) ____________________________

*Birthdate: mm/dd/yyyy __ __/ __ __/ __ __ __ Have you ever taken any courses at NCC? □ Yes □ No
*required*

E-mail: ____________________________ NCC ID #: __________________

COURSE SELECTION

CED # SECTION COURSE TITLE DAY TIME FEE

Total Amount :

Non-Credit Refund Policy: Tuition is refundable when a course is canceled by the College. Tuition is refundable to the student whose written request for withdrawal has been received by the Language Center Office of Workforce Development and Lifelong Learning prior to the beginning of the class. A 50% refund of tuition may be made to the student who has applied in writing to the Language Center, Office of Workforce Development and Lifelong Learning, prior to the second session of the class. NO REFUNDS WILL BE MADE AFTER THE SECOND CLASS MEETING OF ANY CLASS. Please be advised that if a refund is due it will take approximately 2-3 weeks to be processed.

CREDIT CARD PAYMENT INSTRUCTIONS:

I authorize the use of my credit card account for full payment of the amount of my course registration as indicated on this non-credit registration application.

Students with overdue tuition and fees may be referred to a collection agency and will incur additional liabilities of up to 33% to cover all associated collection cost processes.

Step 1: Print Cardholder’s name
(as it appears on the credit card) ________________________________________________

Step 2: Provide Cardholder’s signature: ________________________________________

Step 3: Please read: I certify that there is sufficient credit amount on the card listed below to cover the fee charges shown on the accompanying Registration Form. Otherwise, I understand the lack of approval by my credit card company will result in cancellation of this registration for non-payment.

Step 4: Card Information:

PLEASE Check ONE: □ VISA □ Mastercard □ Discover □ American Express

Card Number: ____________________________ Date of Expiration: __ __/ __ __ __ __

A receipt and a campus map will be mailed to you. Please bring your receipt on the first day of the class.

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