



NORWALK
COMMUNITY COLLEGE
188 Richards Ave / Norwalk, CT 06854

Extended Studies Non-Credit Registration Form

NEW! Flexible Registration Online...

Available 24/7, it's quick, easy & convenient! Go to: www.norwalk.edu website and click on the **Extended Studies link**. Then click on **Flexible Online Registration**.

Questions relating to Flexible Online Registration, call: **(203) 857-7237**

BY MAIL...

Make check or money order payable to NCC and mail it to:
Attn: Records Office
188 Richards Ave.,
Norwalk, CT 06854

IN PERSON...

Visit us on campus in NCC's Record Office, **East Campus, Room E-102**
Registration hours:
Monday-Thursday
8:30am to 4:45pm
Friday
8:30am to 3:45pm

BY FAX...

Visa, American Express, MasterCard or Discovery Card only. Number & Expiration Date. Fax form to: **(203) 857-7012**

BY PHONE...

Monday-Friday
10:00am to 3:00pm
(203) 857-7237

PLEASE CAREFULLY PRINT ALL INFORMATION REQUESTED BELOW:

Please circle the semester for which you wish to register: **Fall** Spring Summer Year 2017 **VETERAN** ____ yes

STUDENT ID # @ _____ (New and Readmit Students must contact the Admissions Office to activate your student status. It may take 24 hours for access to your myCommNet account).

LEGAL LAST NAME (PLEASE PRINT) LEGAL FIRST NAME MI FORMER NAME

PERMANENT ADDRESS APT. CITY STATE ZIP CODE

Check box if this is a new address

SOCIAL SECURITY NUMBER BIRTH DATE: (MM/DD/YYYY)

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HOME TELEPHONE (include area code) CELL PHONE NUMBER (include area code) EMAIL

CRN #	Subject & Course ID #	Section #	Course Title	Days (circle)
6283	COMP D5248	1	The One-Hour Website	M T W Th F Sa
				M T W Th F Sa
				M T W Th F Sa
				M T W Th F Sa
				M T W Th F Sa
				M T W Th F Sa

The college reserves the right to cancel classes or limit class size. The semester Course Schedule is subject to change.

PAYMENT IS DUE AT TIME OF REGISTRATION

Advisor's authorization is required for ESL non-credit course registration.

Advisor's printed name _____ Advisor signature _____

*Student Signature: _____ Date: ____ / ____ / ____

I understand that a form of payment must be processed at the Business Office.

Credit Card Number: _____ Expiration Date: ____ / ____

CHARGE TO MY (Circle one) **Discover** **MasterCard** **Visa** **American Express**