

Casper College - Nondegree Student Registration Form

Legal name: _____
Last First Middle

Maiden/previous name: _____ Gender: Male Female

Social Security No.: _____ - _____ - _____ Birthdate: ____ / ____ / ____

Mailing address: _____
Address City State Zip

Home phone (____) _____ - _____ Cell phone (____) _____ - _____

Email: _____ Semester/Year _____

Synonym	Dept	Course #	Section	Credits	Audit	Course Title

U.S. Citizen?: Yes No If no, are you a permanent resident?: Yes No Citizen of: _____

Have you resided in Wyoming continuously for the last year? Yes No

If no, what state are you a resident of? _____

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Pacific Islander White

Are you a current or former member of the military? : Yes No

Casper College is committed to making these classes accessible to all individuals. If you have a disability and may require accommodation in order to fully participate, please call disability services counselor Brent Heuer at 307-268-2557 or 800-442-2963, ext. 2557.

By completing registration for this semester, I agree to financial responsibility for all charges on my student account. I promise to pay Casper College the full amount of the obligation by the due date. Further, I agree to pay any and all costs, including collection, attorney, and litigation costs incurred by Casper College in efforts to collect, should I default on my account.

Students wishing to seek a degree, or to receive financial assistance, must fill out an application for admission, be admitted and meet with an advisor prior to registration. The last 12 credits toward a degree must be completed as a degree-seeking student who has applied and been admitted to Casper College.

Payment due by 10th day of class or by payment schedule deadline. Statement of account is available at caspercollege.edu

 Signature/Date

METHOD OF PAYMENT:

- Bill me
 Check/money order (Payable to Casper College)
 Credit card: MasterCard Visa Discover

Card # _____

Expiration date: ____ / ____ Authorized amount \$ _____

Signature: _____ Date: _____

Employer Payment

If your employer has agreed to pay your tuition and fees, please attach a letter of authorization on company letterhead and include billing information. We will bill your employer. However, should your employer default on payment you will be responsible for payment.

Employer name: _____

Employer billing address: _____

Employer phone: (____) _____ - _____

Employer authorizing signature and title: _____

Casper College is an Equal Opportunity/Affirmative Action Institution

Please fill out registration form completely and return to:

Mail: Casper College Attn: Enrollment Services • 125 College Drive, Casper, WY 82601 • Fax: 307-268-2611 • In person: Casper College Enrollment Services, Gateway Bldg., third floor If you have recently taken classes you may register by phone 307-268-2323 or 800-442-2963, ext. 2323, M-F 8 a.m.-5 p.m.