College of Western Idaho

COMMUNITY EDUCATION REGISTRATION FORM

Community Education Department - communityed@cwidaho.cc - 208.562.2195 phone
P.O Box 3010 - Nampa, ID 83653 - 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

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

Are you Hispanic or Latino? ☐ Yes ☐ No

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

DROP COURSES

Course #	Title	Start Date	End Date	Tuition/Fees

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