

**PRE-REGISTRATION/PAYMENT POLICIES**

- ◆ Seats cannot be held without payment.
- ◆ Payment required at time of registration.
- ◆ Please register at least one week prior to start date.
- ◆ Visa/MasterCard/Discover, Check, Cash, Company Purchase Order

**REFUNDS**

- ◆ 48-hour cancellation notice required for refund.

**CANCELLATIONS**

- ◆ All classes require minimum enrollment. The College reserves the right to cancel classes/workshops. You will be notified of any cancellations two days prior to start date.

**DISCRIMINATION**

- ◆ CMCC is an equal opportunity/affirmative action institution and employer. For more information, please call 207.755.5233.

**INCLEMENT WEATHER/COLLEGE CLOSINGS**

- ◆ If the college has a delay in opening, full-day classes are cancelled. If your class is scheduled to start after the college opens your class will be held as scheduled.
  - Cancellation/delay information line: 207.755.5476.
  - Daytime closures are determined by 6:30AM.
  - Evening closures are determined by 3:00PM.
  - Closings are announced on channels 6, 8, 13, Fox all local radio stations and www.cmcc.edu.

**TO REGISTER**

**BY PHONE:**

- ◆ Call 207.755.5280 800.891.2002 ext. 280

**BY FAX:**

- ◆ If paying by credit card or purchase order please fill out form below and fax to 207.755.5496.

**BY MAIL:**

- ◆ Fill out the form below and include your check or credit card information.  
Attn: Nancy Bradbury  
Central Maine Community College  
1250 Turner Street  
Auburn ME 04210

**IN PERSON:**

- ◆ The Registrar's Office located in Jalbert Hall is open until 9:00PM Monday-Thursday and Friday until 4:00PM.
- ◆ Corporate & Community Services, open from 8:00AM-4:30PM, Monday through Friday, is located on the second floor of Kirk Hall.



# REGISTRATION

Please print clearly

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address (indicate work or home): \_\_\_\_\_

E-mail: (for contact regarding schedule change/cancellation): \_\_\_\_\_

How did you learn about this class?  Website  Newspaper  Supervisor referral  Email  Brochure

COURSE #	COURSE TITLE	START DATE	COST
			\$
<b>TOTAL</b>			<b>\$</b>

Payment information:  Visa  MasterCard  Discover  Check (payable to CMCC)  Purchase Order (attached)

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

*The Family Rights and Privacy Act of 1974 is intended to protect access and the release of Student records and personal data.*