

You may use this form for all programs offered by the Community Education Department. Please duplicate this form as many times as needed.

Cancelled courses and changes: Classes which have not filled minimum enrollment 5 days prior to the first class may be cancelled. In the event of a course cancellation, you will be notified and your registration fee refunded. The College also reserves the right to change instructors.

Mail this form to: Community Education Department
Sauk Valley Community College
173 Illinois Route 2
Dixon, IL 61021

Telephone: 815-835-6212
Fax: 815-288-6032

Social Security Number or Sauk ID Number
[Grid for 9-digit number]

Method of Payment: \_\_\_ check/money order \_\_\_ cash
\_\_\_ VISA \_\_\_ MC \_\_\_ Discover \_\_\_ American Express
credit card number [Grid for 16-digit number]
Expiration date: \_\_\_ month \_\_\_ year Security Code \_\_\_
Signature: \_\_\_\_\_

Name (Last) (First) (MI)
Address City State Zip
Home/Cell Phone Business Phone County
E-Mail Address:
Maiden Name: Gender: \_\_\_ Male \_\_\_ Female Birth Date: \_\_\_/\_\_\_/\_\_\_

Where did you find out about this class? (Catalog, Newspaper, Radio, Friend/Family, Social Media, SVCC Website)

SVCC is required to ask the following four questions below, but if you do not feel comfortable answering them leave them blank.

- Ethnic Description: \_\_\_ Asian Pacific Islander, \_\_\_ American Indian, \_\_\_ Alaskan native, \_\_\_ African American, \_\_\_ Hispanic, \_\_\_ Hispanic Origin, \_\_\_ White Non-Hispanic
Student Intent (check one): \_\_\_ Prepare for new or first occupational career, \_\_\_ Improve present occupational skills, \_\_\_ Explore courses for career decision, \_\_\_ Prepare for transfer to 4-yr institution, \_\_\_ Remedy basic skills deficiency, \_\_\_ Pursue non-career, personal interest, \_\_\_ Prepare for high school diploma equivalency test, \_\_\_ First Professional Degree
Highest Degree Earned: \_\_\_ GED, \_\_\_ High School Diploma, \_\_\_ Some College, no degree, \_\_\_ Certificate, \_\_\_ Associate Degree, \_\_\_ Bachelor Degree, \_\_\_ Masters Degree, \_\_\_ Doctorate Degree, \_\_\_ Other, \_\_\_ None
Veteran Status: \_\_\_ Non-Veteran, \_\_\_ Veteran, \_\_\_ Reservist

Table with 3 columns: CRN, Course name, Amount Due. Includes a grid for CRN and a line for course name/amount.

Total Due \$ \_\_\_\_\_

Bill Company:
Company Name: Attention To:
Address: City: State: Zip:

Date: Received by: Cash \_\_\_ Check \_\_\_ Credit Card \_\_\_ Bill Company