



Richland Community College
Continuing & Professional Education Division
Registration Form

Note: Full refunds are issued for canceled classes. No refunds are issued for classes after the *registration deadline*. On withdrawals prior to the registration deadline, a \$10.00 administration fee will be deducted.

Name _____ Student ID/Soc. Sec. No. _____ Term/Year _____ / _____

Home Address _____ City _____ Zip _____ Home Phone _____

Company Name _____

Company Address _____ Zip _____ Bus. Phone _____

E-mail Address _____ (E-mail address is required for on-line courses.)

Course/Section #	Class Name	Cr. Hrs	Fee	Days	Time	Beg. Date	End Date	Room #

Total Amount

Check enclosed
 (Payable to Richland Community College)

VISA MasterCard Discover

Card No. _____ Exp. Date _____

Name of Card Holder _____

Parent's Name (if student is a minor) _____

Mail to: Continuing & Professional Education Division
 Richland Community College
 One College Park
 Decatur, Illinois 62521-8513

Phone: (217) 875-7211, Ext. 265
 Fax: (217) 875-6964