

# COFFEYVILLE COMMUNITY COLLEGE

## Business/Community Enrollment Form

CCC ID # \_\_\_\_\_

SOCIAL SECURITY NUMBER		SEMESTER AND YEAR		CAMPUS	
_____ - _____ - _____		<input type="checkbox"/> FALL (August) _____ YEAR <input type="checkbox"/> SPRING (January) <input type="checkbox"/> SUMMER (June) <input type="checkbox"/> SUMMER II (July)		<input type="checkbox"/> Main <input type="checkbox"/> Coffeyville Technical Campus <input type="checkbox"/> Columbus Technical Campus	
LAST NAME		FIRST NAME		MIDDLE NAME	
LOCAL MAILING ADDRESS		CITY		STATE	
LOCAL PHONE NUMBER		CELL PHONE NUMBER		WORK PHONE NUMBER	
GENDER		DATE OF BIRTH		E-MAIL ADDRESS	

**This section is optional and is requested for local, state and federal reporting purposes only:**

Are you hispanic or latino? ☐ YES ☐ NO

Please select one or more races form the following list:

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

**Mandatory for the purpose of assessing tuition and fees:**

Are you a resident of the state of Kansas? ☐ YES ☐ NO

If YES, date state residency began: \_\_\_\_/\_\_\_\_/\_\_\_\_

In what county do you reside? \_\_\_\_\_

Date county residency began: \_\_\_\_/\_\_\_\_/\_\_\_\_

High School Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School/GED Center: \_\_\_\_\_ City/State: \_\_\_\_\_

### LIST COLLEGES, UNIVERSITIES AND TECHNICAL SCHOOLS ATTENDED

COLLEGE NAME	LOCATION	CREDIT HOURS	TYPE OF DEGREE EARNED				DATES ATTENDED	

  

CODE	COURSE TITLE	CR/CL HRS	TIME	DAY	ROOM	INSTRUCTOR	TUITION & FEES	
							Tuition	
							Fees	
							Lab	
							TOTAL	

I acknowledge and accept full financial and academic responsibility for the applicability of courses to my education objective. I agree that I must have all Financial Aid paperwork completed for grants or scholarship before the first day of classes or I will need to make payment in full. I assume complete financial responsibility in the event that a 3rd party person or business does not pay my account in full. I understand that the College will assess a charge of 1.5% per month (18% APR) interest to all unpaid balances. I agree that I will complete a drop slip for any classes I will not be attending or I will assume full financial obligation. I accept that the College policy is to turn over ALL UNPAID accounts to a collection agency.

DATE: \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_

#### OFFICE USE ONLY

Residency Code	_____
Bill Code	_____
C	_____
S	_____
EOC	_____
Other	_____

Total Credit Hours: \_\_\_\_\_

Total Clock Hours: \_\_\_\_\_

Payment Received By: \_\_\_\_\_

**EQUAL EDUCATION STATEMENT:** Coffeyville Community College is committed to a practice of educational equity. Accordingly, the College admits students, grants financial aid and scholarships, conducts all educational program activities and employment practices without regard to race, color, religion, sex, national origin, age, marital status, ancestry or disabilities. CCC is an Equal Opportunity Institution.