KIRTLAND COMMUNITY COLLEGE

APPLICATION / REGISTRATION FORM

Community Education Courses

Semester/Year

Kirtland ID#: _____ SS #: _____

Name: _____
LAST FIRST MIDDLE

Previous Last Name(s): _____ Preferred/Nickname: _____

Home Address: _____
CITY STATE ZIP

County: _____ Phone #: ( ) _____

Are you a US Citizen? ☐ Yes (skip to residency) ☐ No Permanent Resident? ☐ Non US Citizen VISA Type _____

Residency
- ☐ (1) Kirtland district resident
- ☐ (2) Out-of-district resident Out-of-state resident, or International student

School District of Residence
- ☐ Crawford
- ☐ Fairview
- ☐ Gerrish-Higgins
- ☐ Houghton Lake
- ☐ Mio-AuSable
- ☐ West Branch-Rose City
- ☐ Other

Gender ☐ Male ☐ Female Birthdate _____ / _____ / _____

Choose any of the following that apply
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Non US Citizen
- ☐ Unknown

Ethnicity
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

COURSE SELECTION

COURSE NUMBER	COURSE TITLE	CREDITS
	Total credits	

Student Signature _____ **Date** _____

I hereby authorize Kirtland Community College to bill my:

☐ **VISA** ☐ **MasterCard** ☐ **Discover** ☐ **Check Enclosed**

Credit Card # __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Expiration Date __ __ - __ __

Amount $ _____.____ Cardholder Signature_____

Please mail form and payment to:

Kirtland Community College, Faculty Office, 10775 N. St. Helen Road, Roscommon, MI 48653

for office use only: AD processed _____ (initials) on _____ (date) RE processed _____ (initials) on _____ (date)

Rev. 10/08