**Department of Extended Learning**  
**Non-credit Class Registration Form**  
Online Registration Available at: [www.wwcc.edu/elreg](http://www.wwcc.edu/elreg)

Your Name *(Required)*:  
First                          M.I.                          Last

Date of Birth *(Required)*:  
Month / Day / Year

Address *(Required)*:  
Street Address
City / State / Zip Code

Telephone *(Required)*:  

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<th>Item#</th>
<th>Course ID</th>
<th>Class Dates</th>
<th>Class Name/Title</th>
<th>Cost</th>
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**Total Due** $  

**REQUIRED: Please answer the following questions:**

1) Are you:  
   - A citizen? Yes No
   - Disabled? Yes No
   - A Veteran? Yes No

2) Your Gender: Male or Female

To pay with credit card, please provide:

Account Number: ______________________________ (we accept Visa, MasterCard, and Discover Card)

Card Expiration Date: ___________ 3-digit Security Code: ___ (last 3 digits near signature)

Cardholder’s Signature: ___________________________ Date Signed: ___________________________

Print and mail your registration along with your check, money order, or credit card information to:

**Extended Learning Registration**  
**Walla Walla Community College**  
**500 Tausick Way**  
**Walla Walla WA 99362**