

Workforce Development Center Application/Registration Form

Please print legibly & use black or blue ink

Year _____ Term _____



Last Name _____ First Name _____ Middle Name _____

Home Address _____ Apt. # _____

City _____ State _____ Zip Code _____ County (i.e. Hamilton) _____

Area Code _____ Home Phone Number _____ Area Code _____ Business Phone Number _____ Social Security Number _____

How did you hear about this training? _____

Are you a resident of Ohio? Yes No If yes, how long? _____ Years _____ Months E-mail address: _____

If you do not live in Ohio, which state do you live in? _____ County _____ How long? _____ Years _____ Months

Are you a US citizen? Yes No If you are not a US Citizen, please complete the following: Country of citizenship: _____

Type of Visa: _____ Immigration/VISA status: _____ Are you applying for resident alien status? Yes No

Are you a resident alien? No Yes, Card# _____ Have you been issued an Employment Authorization Card? No Yes, Card # _____

If you have special circumstances (political asylum or refugee status) differing from a "Permanent Resident Card" or Visa, please explain: _____

Date of Birth: (mm) _____ (dd) _____ (yy) _____ Marital Status: Married Single Divorced Widow(er) Add you to our mailing list? Yes No

Selective Service Number (ages 18 – 26) _____ You can register and/or obtain your number by going to www.sss.gov

Your Social Security number is required and is used only for the Ohio Board of Regents and Internal Revenue Service Reporting.
Your Selective Service number is required and is used only in collecting government subsidy for the College.

Have you ever attended Cincinnati State Technical and Community College before? Yes No If yes, when? _____

If you are a new student (first time filling out this form), please complete the information in the box below.

The information in this box is required in order that we may demonstrate this institution's compliance with Title VI of the 1964 Civil Rights Act. This information is protected under the Federal Privacy Act.
If you choose not to respond please initial here _____.

Gender: Female Male Are you Hispanic and/or Latino? Yes No Race/Ethnicity: Please check one or more American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Other

Educational Goal: Professional Development Career Exploration Personal Enrichment Associate Degree Certificate Associate Degree for transfer
 Knowledge for personal interest Training for a new career by taking only selected courses

Department Code	Course Number	Course Section	Course Name	Credit Hours	Starting Date	Ending Date

• The student acknowledges, by submitting this form to conduct registration activity to the College, responsibility for the timely payment of tuition and all other charges incurred while at the college. • By submitting this form to conduct registration activity, the student also agrees that if the student becomes delinquent in the payment of such charges and tuition, the student will also pay the costs of collection (up to 50% of the delinquent account) when assigned to a collection agency. • The student acknowledges that an outstanding balance owed to the College and/or academic probation, suspension or dismissal will suspend registration.

Student Signature _____ Date _____

Registration will not be processed without your signature

Payment Information – Please complete if your company or some other agency will be paying your tuition, otherwise you are responsible for all tuition and/or related course fees.

Credit card: Visa MC Discover AmEx Card holder name _____

Company _____ Phone #: _____

P/O # or Check # _____ Credit Card # _____ Exp. date _____ / _____

Company Address City, State, Zip Code _____

Contact Person _____ Signature _____

Complete this form and mail to: Cincinnati State Technical and Community College or fax: (513) 569-1801
Workforce Development Center, 10100 Reading Road, Cincinnati, OH 45241
Phone: (513) 569-1643