

PRE-REGISTRATION/PAYMENT POLICIES

- ◆ Seats cannot be held without payment.
- ◆ Payment required at time of registration.
- ◆ Please register at least one week prior to start date.
- ◆ Visa/MasterCard/Discover, Check, Cash, Company Purchase Order

REFUNDS

- ◆ 48-hour cancellation notice required for refund.

CANCELLATIONS

- ◆ All classes require minimum enrollment. The College reserves the right to cancel classes/workshops. You will be notified of any cancellations two days prior to start date.

DISCRIMINATION

- ◆ CMCC is an equal opportunity/affirmative action institution and employer. For more information, please call 207.755.5233.

INCLEMENT WEATHER/COLLEGE CLOSINGS

- ◆ If the college has a delay in opening, full-day classes are cancelled. If your class is scheduled to start after the college opens your class will be held as scheduled.
 - Cancellation/delay information line: 207.755.5476.
 - Daytime closures are determined by 6:30AM.
 - Evening closures are determined by 3:00PM.
 - Closings are announced on channels 6, 8, 13, Fox all local radio stations and www.cmcc.edu.

TO REGISTER

BY PHONE:

- ◆ Call 207.755.5280 800.891.2002 opt. 7

BY FAX:

- ◆ If paying by credit card or purchase order please fill out form below and fax to 207.755.5496.

BY MAIL:

- ◆ Fill out the form below and include your check or credit card information.
Attn: Nancy Bradbury
Central Maine Community College
1250 Turner Street
Auburn ME 04210

IN PERSON:

- ◆ The Registrar's Office located in Jalbert Hall is open until 7:00PM Monday-Thursday and Friday until 4:00PM.
- ◆ Corporate & Community Services, open from 8:00AM-4:30PM, Monday through Friday, is located on the second floor of Kirk Hall.



REGISTRATION

Please print clearly

Name: _____ Daytime phone: _____

Date of Birth: _____ Social Security Number: _____

Employer: _____

Mailing Address (indicate work or home): _____

E-mail: (for contact regarding schedule change/cancellation): _____

How did you learn about this class? Website Newspaper Referral Email Brochure

COURSE #	COURSE TITLE	START DATE	COST
			\$
TOTAL			\$

Payment information: Visa MasterCard Discover Check (payable to CMCC) Purchase Order (attached)

Card number: _____ Exp. Date: _____ CVC code: _____

Name on Card: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received: _____ Check #: _____ Amount: _____ Date: _____ Receipt #: _____

The Family Rights and Privacy Act of 1974 is intended to protect access and the release of Student records and personal data.