

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 resume 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 and all local radio stations.

TO REGISTER

BY PHONE:

- ◆ 207.755.5280 – 800.891.2002 ext. 280

BY FAX:

- ◆ If paying by credit card or purchase order please fill out form below and fax to 207.755.5496.
- ◆ Hard copy of purchase orders is required, please mail to address below.

BY MAIL:

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

IN PERSON:

- ◆ The College is located at 1250 Turner Street in Auburn. Corporate & Community Services is located on the second floor or Kirk Hall and is open year round from 8:00AM–4:30PM, Monday through Friday. The Registrar’s Office located in Jalbert Hall is open until 9:00PM Monday–Thursday.



REGISTRATION

Please print clearly

Name: _____ Daytime phone: _____

Date of Birth: _____ **OR** 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 Supervisor 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.