

**Western Wyoming Community College – Star Valley Outreach Mail-In Registration**

247 N. Washington P.O. Box 1237 Afton, WY 83110 (307) 886-3834

Social Security #		Name (Last, First, Initial)			Birthdate		Sex M _____ F _____	
Mailing Address			City	State	ZIP	Phone (Home)		Phone (Work)
Course #	Course Name			Instructor	Location	Date	Time	Fee

Do you give WWCC permission to release your name, address, and enrollment as part of our directory? Yes \_\_\_ No \_\_\_  
 Are you a Wyoming Resident? Yes \_\_\_ No \_\_\_ (For clarification, call the Outreach Office 886-3834.)

I am 60 years old, requesting a 50% waiver \_\_\_\_\_ (Student's Signature)

The following is required by the Wyoming Community College Commission for reporting procedures:

**Ethnic (Circle One)**

1. African American
2. American Indian
3. Asian/Pacific Islander
4. Hispanic
5. White
6. Non-resident Alien

**Reason for Enrollment (Circle One)**

1. Upgrade Job Skills
2. Develop New job Skills
3. Teacher Certification
4. Personal Enrichment
5. Other

**FOR OFFICE USE ONLY**

Amount Paid \_\_\_\_\_  
 Check \_\_\_ Cash \_\_\_ CC \_\_\_  
 Date \_\_\_\_\_  
 Initial \_\_\_\_\_ SCW \_\_\_\_\_