

Kirkwood Community College
CE Registration - 229 KH
PO Box 2068
Cedar Rapids, IA 52406
319-398-1022 or 1-800-332-8833
Fax: 319-398-7185

ENROLLMENT FORM



Kirkwood ID Number

Sex: Male Female

OR
Social Security Number

Phone: Day _____ Night _____

Name _____

Address _____
Last First Middle Initial

City _____ Zip _____

Date of Birth _____ E-mail _____

Courses

Title _____

Section No. _____ Tuition \$ _____

Title _____

Section No. _____ Tuition \$ _____

Title _____

Section No. _____ Tuition \$ _____

Method of Payment

1. Check attached for \$ _____

Make out your check:

- For the tuition amount only.
(Many classes have additional charges for materials or supplies. These will be collected in class.)
- Payable to: Kirkwood Community College.
- Write your social security number and class section number on your check. If you are paying tuition for someone else, write his/her name and social security number on the check.
- Mail this form and your check to the above address.

2. Credit Card (circle) MasterCard Visa Discover

Credit Card No. _____ Exp. Date _____

Your signature _____ Date _____

3. Company Billing

Date _____ 20 _____

Billings: If this is to be billed, list sponsoring agency (we do not bill individuals):

Agency _____

Address _____

Individual granting approval _____ Phone: _____

Authorized Company Signature _____

If this bill remains unpaid at the end of the class, the charges will revert to the student's account and he/she will be held accountable. The student will not receive CEUs or transcripts and will not be allowed to register until the account is paid in full.