

# 3 Easy Ways to Register

Many classes have limited seating. Register early!

Payment must be made at time of registration.

MasterCard, VISA, Discover Card,  
or American Express accepted.



Online [www.kirkwood.edu/ce](http://www.kirkwood.edu/ce)



Phone **319.398.1022**

Tell our operators:

- 1 The class numbers from this catalog.
- 2 Your credit/debit card number and expiration date.



**Mail** **Kirkwood Continuing Education**  
**6301 Kirkwood Blvd. SW**  
**Cedar Rapids, IA 52404**

- 1 Fill out the enclosed enrollment form and include payment (credit card/debit card number or enclose check).
- 2 For company billings, please use the approved form at [www.kirkwood.edu/cebillingform](http://www.kirkwood.edu/cebillingform).
- 3 Pay the amount under "tuition" only.  
(Many classes have additional charges for materials and supplies. These will be collected in class.)
- 4 Write name of person and class number on check.
- 5 Make check payable to Kirkwood Community College.

**Refunds:** If Kirkwood cancels a class, students will be contacted and offered a refund or transfer. Refund/Transfers are available to students who contact staff by 5pm at least **two business days** prior to the class start date. To withdraw or transfer your registration, please call 319-398-1022. To see our full policy visit [www.kirkwood.edu/cerefundpolicy](http://www.kirkwood.edu/cerefundpolicy).

**Learners under age 18:** We are pleased to welcome learners of all ages by providing classes for adults and youth alike. However, learners under the age of 18 are not permitted to enroll in non-youth courses unless otherwise specified in the class description. Please call 319-398-1022 with any questions.



Legally Assigned Gender: ☐ Male ☐ Female

Name \_\_\_\_\_  
Last First Middle Initial Maiden/Alias

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Receive Text Notifications? ☐ Yes ☐ No

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

## COURSE(S)

Title \_\_\_\_\_ Title \_\_\_\_\_

Class No. \_\_\_\_\_ Tuition \$ \_\_\_\_\_ Class No. \_\_\_\_\_ Tuition \$ \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Class No. \_\_\_\_\_ Tuition \$ \_\_\_\_\_ Class No. \_\_\_\_\_ Tuition \$ \_\_\_\_\_



**Paying by Credit Card:** (please circle) MasterCard Visa Discover American Express



Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Kirkwood**  
COMMUNITY COLLEGE