



TUNXIS@Bristol
430 North Main Street
Bristol, CT 06010
P: 860-314-4700 Fax: 1-860-606-9722
Please Note New Fax Number

**NON-CREDIT
REGISTRATION FORM**

Social Security Number

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PRINT Student's Name (Last)	(First)	(Middle)	PRINT Company Name
ADDRESS No. and Street	City/Town	State	Zip
PHONE: Home	Work	City/Town	
E-mail:		State	Zip

Date of Birth	<input type="radio"/> MALE <input type="radio"/> FEMALE	Are you a U.S. citizen <input type="radio"/> YES <input type="radio"/> NO
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Ethnic (optional)

White Black Hispanic/Latino Asian Native Hawaiian/Pacific Islander American Indian/Alaskan Native Other

CRN	COURSE TITLE	STARTING DATE	COST	LOCATION
Office use only				

<input type="radio"/> VISA	<input type="radio"/> MASTERCARD	<input type="radio"/> DISCOVER	<input type="radio"/> CHECK ENCLOSED
CARD NO.	EXPIRATION DATE		

Student Signature	DATE
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REGISTRATION MUST BE COMPLETED IN FULL.