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CLOVIS COMMUNITY COLLEGE
Non-Credit Course Registration Form

Name (Last, First, Middle)

Student Number/C#

Mailing Address/Street or P.O. Box

City/State

Zip

Best Phone (Home/Cell/Work)

Alternate Contact (Home/Cell/Work)

Email Address **Note: A valid email address is needed to receive registration confirmation**

Course Title _____ Fee _____

_____ Fee _____

Total Due _____

☐ Licensure or ☐ Continuing Education

Elizabeth Chavez

Clovis Community College

Educational Services

417 Schepps Blvd, Clovis, NM 88101

(575)769-4760

For Official Use Only

Date: _____

Invoice Number: _____

Cashier: _____