### Non-Credit Registration Form

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

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**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  
Company Address

**PHONE: Home**  
Work  
City/Town

E-mail:

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**Date of Birth**  
**MALE**  
**FEMALE**  
**Are you a U.S. citizen**  
**YES**  
**NO**

**Ethnic (optional)**

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

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<th>STARTING DATE</th>
<th>COST</th>
<th>LOCATION</th>
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**CRN**

- **VISA**  
- **MASTERCARD**  
- **DISCOVER**  
- **CHECK ENCLOSED**

**CARD NO.**  
EXPIRATION DATE

**Student Signature**  
DATE

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REGISTRATION MUST BE COMPLETED IN FULL.