

# CROSS CONNECTION CONTROL TESTER RENEWAL COURSE

Oregon Department of Human Services Approved  
**PREREGISTRATION IS REQUIRED!!**

ATTENTION!! To avoid a \$15 billing charge please MAKE SURE THAT THIS FORM DOES NOT BECOME SEPARATED FROM YOUR PAYMENT.  
 Thank you!

COURSE: WQT 009-12 Tester Renewal (0.6 CEUs)

DATES: November 5, 2010

TIME: 8:00 am – 3 pm

LOCATION: Clackamas Community College  
 Oregon City, Oregon  
 Training Center, Room T-150

COST: \$85.00

**Please Note: There is a \$15 service charge for purchase orders.**

(REFUND POLICY: A full refund will be granted for all withdrawals requested for a class scheduled to meet one week or less if the refund is requested PRIOR to the beginning of the class.)

Make checks payable to:

**Clackamas Community College - (attach this form to payment)**

Attn: Registrar  
 19600 S. Molalla Avenue  
 Oregon City, OR 97045

-OR- Fax with credit card  
 information to:  
**503-722-5864**

For further information, call 503-657-6958, extension 2388. A letter of confirmation will be mailed to you prior to the start of the class.



## QUICK ENTRY REGISTRATION FORM 2010-2011

Social Security # or Student I.D.# \_\_\_\_\_ Birthdate \* \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Previous names

Mailing address \_\_\_\_\_  
Street City State County Zip

Telephone \_\_\_\_\_  
Home Work

High school attended \_\_\_\_\_  
Name Location Graduation Date

SUMMER  FALL  
 WINTER  SPRING

Providing your Social Security Number (SSN) is voluntary. If you provide it, the college will use your SSN for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Providing your Social Security Number means that you consent to the use of the number in the manner described.

\* If you're under 18, additional permissions may be required before you can register for classes.

**Gender**  Male  Female

**Ethnicity**  Hispanic or Latino  Not Hispanic or Latino

**Race** (Choose all that apply)  American Indian/Alaska Native  Asian  
 Black or African America  Native Hawaiian or other Pacific Islander  White

**Residency/Student Type** (Required for tuition purposes)  
 **In State** (US citizen or permanent resident of Oregon, CA, ID, WA, or NV 90 days prior to first day of class.)  Immigrant  Refugee  Other  
 **Out of State**  
 US citizen and permanent resident outside of Oregon, CA, ID, WA, NV  
 International visitor (B, J, H or other nonstudent Visa)  
 International student (requires I-20)

**Intended Academic Program**  
 Program Code/Title \_\_\_\_\_

**Previous College Attendance**  
 Yes  No  
 Name of School \_\_\_\_\_

**Reason for Enrolling**  
 Transfer classes  Reading/writing/math skills  
 Learn job skills  Learn English language  
 Update job skills  Personal interest  
 High school completion/GED  Other  
 Explore career/academics

Crs. Reg.#	Section No./Course Title	Credits/CEU	Time	M	T	W	Th	F	S	Room	Start Date	Crs. Fee/Tuition
201223	WQT-009-12/1-day Tester Renewal	.6 ceu	8 am					x		T150	11/05/10	\$85

**Payment by:**

- VISA/Mastercard/Discover  Check  Cash  Other

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name on card \_\_\_\_\_  
 Signature \_\_\_\_\_

**FAX to: 503-722-5864 or Mail to:**  
**Registrar, Clackamas Community College**  
**19600 Molalla Avenue**  
**Oregon City, OR 97045-7998**

A registration confirmation will not be mailed. Please verify your enrollment by going to [cougartrax@clackamas.edu](mailto:cougartrax@clackamas.edu)