NWACC Corporate Learning Registration

Mail to : NWACC Corporate Learning
One College Drive
Bentonville, AR 72712

Phone Registration: 479-936-5175 (M-F, 8am–4:00pm)
Online: www.nwacc.edu/corporatelearning
In person: 1100 SE Eagle Way, Bentonville (M-F, 8am – 4:00pm)

Use this form to enroll in Corporate Learning courses.

Student ID No._____**(assigned by NWACC)**

Last Name _____ First Name _____ Middle Name (if any) _____

Home Address _____

City _____ State _____ Zip _____

Cell Phone _____ Day Phone _____ Evening Phone _____

Date of Birth (REQUIRED) _____ **E-mail address (REQUIRED)** _____

Have you previously attended NWACC? ☐ Yes ☐ No Former Last Names (if any):_____

Gender: ☐ Male ☐ Female

Are you currently working toward a Corporate Learning certificate? ☐ Yes ☐ No Which one? _____

How did you hear about us? _____

Please Enroll Me In:

Course Number	Course Name	Start Date	Day(s)	Time	Cost

Total Tuition 0_____

PAYMENTS:

Checks are made payable to NorthWest Arkansas Community College.

Credit Card/Debit Card: ☐ **Company Name, if Corporate Credit Card:**_____

Check: ☐ **If Company check, include name:** _____**Check No.**_____

Cash: ☐ **Payment Plan (Email Address Required):** ☐

Letter of Intent: ☐ **(attach to registration)** **Apprenticeship Agreement:** ☐ **(attach to registration)**

OPTIONAL INFORMATION: (used for research purposes): ***Employer:*** _____

Primary reason for attendance: ☐ Advancement in current job/career ☐ Train for new job/career ☐ Enter/re-enter job market
☐ Personal enrichment ☐ Licensure ☐ Earn a certificate ☐ Improve job skills ☐ Other _____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black/African ☐ Native Hawaiian or other Pacific Islander
☐ White, non-Hispanic ☐ Decline

Highest Educational Level Attained: ☐ Less than a high school diploma ☐ High school diploma or GED ☐ Some College
☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree or higher

Registration completed/checked by:

_____
(NWACC Employee)
Date _____

Office Use Only:
Contract _____ Company Name _____
Registrar _____ Date _____
Cashier _____ Date _____
Inv. Date _____ Inv. # _____

CL Revised 07/24/13