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 _____

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-PPD Only: ☐ (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 (Optional): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black/African American ☐ 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 or certificate ☐ 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. # _____