# 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 _____
***Race:*** ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black/African, non-Hispanic ☐ Hispanic/Latino/Chicano ☐ Native Hawaiian or other Pacific Islander ☐ White, non-Hispanic
***Highest Educational Level Attained:*** ☐ Less than a high school diploma ☐ High school diploma or GED ☐ Associate's degree or certificate ☐ Some college ☐ 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. # _____