## TSJC 2024 Summer Non-Credit Course Registration Sheet (Please write legibly)

Date	Name			
Student # or SS #				
Please provide a valid Student II		=		
Mailing Address				
City				
Date of Birth				
Best Phone Number		_	=	
Emergency Contact Name a	-	•		
Please type in the name of				<u></u>
Week 1 – May 27-May 29 _				X if for credit
June 1-2 Weekend Machir	ne Lab \$150 Sa	nt/Sun 8-5 check	x if taking	
Week 2 –June 3-7				X if for credit
Week 3 - June 11-14				X if for credit
Week 4 – *June 17-21				X if for credit
Week 5 June 24-28				X if for credit
July 1-5 <u>NO CLASSES</u>				
Week 6 – July 8-12				X if for credit
July 13-14 Weekend Mach	nine Lab \$150	Sat/Sun 8-5 ch	eck if taking	
Week 7 – July 15-19				X if for credit
PLEASE CHECK HERE IF	VOU INTEND	TO STAV IN CA	MDUC HOUSING (\$14)	DED WEEK
*Classes for credit the wee				
p.m. with a 30 minute lunch due to Monday being a State holiday. Please use the tuition given in the course description for each class you take.				
There is a once-per-semest	•			
<b>Tuition:</b> \$			Iousing \$	_
T0TAL DUE \$				
before charging your credit	it card.	_		
Check # PAYA	BLE TO TRINI	DAD STATE C	OLLEGE (check may b	e mailed to: Trinidad State
College, Attn: Donna Hadd	ow, 600 Prospec	ct Street, Trinida	d, CO 81082)	
If paying by credit card, plea	ase enter your cr	redit or debit card	l number below before	mailing. You may also call
Donna at 719-846-5724 to p	rovide the numb	per over the phon	e	
Credit or Debit card number			exp.	date

PLEASE NOTE THAT YOUR SPOT IN A CLASS IS NOT GUARANTEED UNTIL PAYMENT IN FULL HAS BEEN RECEIVED AND WE HAVE RECEIVED YOUR SIGNED COPY OF THE STUDENT PAYMENT AGREEMENT