

# Non-Credit Registration

COMPLETE BOTH PAGES OF REGISTRATION FORM AND SUBMIT TO OWD VIA WALK-IN, EMAIL, OR FAX. BE SURE TO INCLUDE BOTH PAGES.

PARTICIPANT INFORMATION				
Legal Name (Last, First, M.I.)			Date of Birth (Mo/Day/Yr)	
Street Address		City	State	Zip Code
Phone (Home)	Phone (Work)	Phone (Mobile)	Email (REQUIRED)* Put "N/A" if you don't have email.	
*NOTE: You will receive a confirmation of enrollment by mail, and you will receive an email receipt, as well as a University of Hawai'i Community Colleges username. This information allows you to have your own account in the system, to view your registered courses and to receive future course updates.				
I currently have (please check all that apply)				
<input type="checkbox"/> Hawaii Driver's License Number: <b>H</b> _____		<input type="checkbox"/> Out of State Driver's License: Issuing State _____		
<input type="checkbox"/> Motorcycle License				
FOR MOTORCYCLE CLASSES		Do you have a Hawaii Motorcycle Permit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If "NO", <b>STOP</b> . You cannot register for the course. If "YES", please provide your HDL# _____		

I fully understand the OWD Non-Credit Registration policy and all applicable policies of Leeward Community College.

Participant Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if participant is under 18 years of age)

COURSES				
Course No.	Course Title	Start Date	Start Time	Tuition
TOTAL TUITION \$				_____

PAYER INFORMATION		FILL OUT THIS PORTION ONLY IF PAYER IS DIFFERENT FROM PARTICIPANT		
Contact Person (Last, First, M.I.)		Company/Agency		
Street Address		City	State	Zip Code
Phone (Work)	Fax (Work)	Email		

PAYMENT INFORMATION		SELECT A PAYMENT METHOD	
<input type="checkbox"/> Check or Money Order No. _____ Make checks payable to: Leeward Community College		<input type="checkbox"/> Cash Amount: \$ _____	

**CREDIT CARD PAYMENTS:** Credit card payments are accepted **ONLY** online, or in-person. Each course has a section to register and pay online. In-person payments will be processed through our registration staff.

PLEASE CONTINUE ON NEXT PAGE



# Non-Credit Registration (cont'd)

## SUBSCRIPTION LIST & SURVEY

Now that you're registering for an OWD course, take the next step and be a part of our 'Ohana. Simply submit your email below and you'll receive periodic updates on new courses, news and events, tuition assistance opportunities and more. It's **FREE** and you can opt-out at any time.

Email address *(Optional - Please write clearly)* \_\_\_\_\_

Please fill out the short survey below to help us improve our outreach to future participants.

**1. How did you hear about this course?**

*(Please check all that apply)*

- Catalog
- Website/Enewsletter
- Newspaper Ad
- Word-of-mouth (Friend/Family)
- Workplace
- Counselor/Case Worker
- Other \_\_\_\_\_

**2. How do you prefer to receive information about training?**

*Rank the following choices 1-5 with 1 being the most preferred*

- \_\_\_ Direct Mail (Postal)
- \_\_\_ Email/Enewsletter
- \_\_\_ Word-of-mouth (Friend/Family Member)
- \_\_\_ Print Advertisement
- \_\_\_ Broadcast Advertisement (TV/Radio)

**3. Which device do you use most often to access the internet?**

*(choose one)*

- Personal Desktop or Laptop
- Shared Computer (Library/School/Community Center)
- Mobile Phone/Tablet
- I don't own any of these devices

**4. What kind of training would you (or someone you know of) be interested in that is not currently offered at OWD?**

*(Please list as many as you'd like, and be specific)*

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**Office of Workforce Development**

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