



Third Party Payment & Registration Form

1 form per student registration

DMACC requires complete participant information to ensure that college documents (including transcripts, certificates etc) will be accurately attributed to the correct student record. Complete information will help prevent ID duplication and is required in state reporting purposes. Information is not available to the public & will not be shared.

Section 1 – Student Personal Information *(all information is required)*

Name _____ Social Security _____
Last First M Initial or DMACC ID #

Home Address _____ Male Female

City _____ State _____ Zip _____ Day Phone _____ cell work

Email: _____ Eve. Phone _____ cell home

Please print email legibly, especially an underscore _ or dash -

Date of Birth: ____ / ____ / ____ U.S. Citizen Yes No Iowa Resident Yes No Are you Hispanic/Latino Yes No

Ethnicity/Race: Am. Indian or Alaskan Native Asian Black or African Am. Native Hawaiian or Pacific Islander White

Section 2 – Course Information *(CRN# is required)*

CRN# _____ Course Number _____ Title _____ Course Date _____

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Student Authorization of Enrollment – for credit course(s)

NOTE: CREDIT students must have been *accepted* to DMACC through the Admissions Office *prior* to being allowed to register in a CREDIT course. I understand that I am enrolling in credit course(s) listed above. An official DMACC transcript will be generated and become part of my permanent academic record.

Student Signature *(required)* _____ Date _____

Check if student was previously enrolled in the credit course listed above.

Section 3 – Cancellation Policy

Students, unable to attend this course(s) or exam, must call the Registration Office at least 48 hours (business days) before the start date/time to either exchange for a different section or request a refund. Registration staff can be reached at **515-964-6800** Monday through Thursday from 7:30 am to 8:00 pm. and on Friday from 7:30 am to 4:00 pm.

Section 4 – Billing Information

Please bill the following party for related tuition and fees:

Agency/Company _____ Department _____

Billing Address _____ Daytime Phone _____

City _____ State _____ Zip _____

Agency/Company Contact Authorization:

Name _____ Title _____

Email Address _____

Signature Authorization _____ Date _____

Please fax completed form to the DMACC Registration Office at 515-965-7054

Des Moines Area Community College (DMACC) shall not engage in nor allow discrimination covered by law against any person, group or organization. This includes programs, activities, employment practices, hiring practices or the provision of services. The full DMACC Nondiscrimination policy is available online at <https://nd.dmacc.edu>.
Revised: 03/ 2017