

Agency/Organization & Student Registration Form

Office of Continuing Education & Workforce Development

WWW.OCEWD.ORG

Instructions: This form may be faxed to 808-453-6730. Please have ALL parties sign. If the participant is not available, he/she may submit a separate student registration form (available on our website) via fax or in-person at our office.

REFERRING AGENCY/ORGANIZATION

Signature _____ Date _____ (I hereby authorize training for the participant below)			Print Name _____	
Agency/Organization Name	Phone (Work)	Phone (Fax)	Email	

PAYER INFORMATION

FOR INVOICING PURPOSES

Signature _____ Date _____			Print Name _____	
I hereby authorize the Office of Continuing Education & Workforce Development of Leeward Community College to invoice for the cost of such course(s) for the participant below. Purchase order acceptance is subject to the approval of the Director of OCEWD.				
Agency/Organization Name	Phone (Work)	Phone (Fax)	Email	
Street Address	City	State	Zip Code	

PAYMENT METHOD

<input type="checkbox"/> Purchase Order (Please fax P.O. to 808-453-6730): No. _____	<input type="checkbox"/> Check or Money Order No. _____
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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.

PARTICIPANT INFORMATION

Legal Name (Last, First, M.I.)		Date of Birth (Mo/Day/Yr)	Driver's License No.	Driver's License (State Issued)	
Street Address			City	State	Zip Code
Phone (Home)	Phone (Work)	Phone (Mobile)	Email		
Career Goal (or Training Objective)					
I fully understand the OCEWD Non-Credit Registration policy and all applicable policies of Leeward Community College. <i>Note: If participant is not available for signature, he/she may come to our office to sign or submit a separate student registration form.</i>					
Participant Signature _____		Parent Signature _____		Date _____	
(if participant is under 18 years of age)					

COURSES

Course No.	Course Title	Start Date S	Start Time	Tuition

TOTAL TUITION \$ _____

Office of Continuing Education & Workforce Development

96-045 Ala 'Ike, Room CE 101 • Pearl City, HI 96782

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UNIVERSITY of HAWAII*
LEEWARD
COMMUNITY COLLEGE

LEEWARD COMMUNITY COLLEGE

OCEWD

CONTINUING EDUCATION & WORKFORCE DEVELOPMENT

JUN 2020