

**CENTER FOR CORPORATE TRAINING & COMMUNITY EDUCATION REGISTRATION FORM**

Please be advised that, if there are any, additional fees may be applied to your bill. Anyone who registers, in any acceptable way, and fails to attend classes is still subject to full tuition and fee charges. Students must officially drop or withdraw from class in order to be reimbursed according to the published refund schedule. All courses must be paid in full at time of registration. This form may be mailed to address as indicated above or faxed. **To fill out:** Save this file to your desktop as a .pdf and open the .pdf version on your desktop; enter the required information into the form, print the form and sign the one (or two for credit card payment) field(s) on the printed form. The phone numbers and email addresses entered on this form will be used for the College's emergency notification system. Please contact the Office of Public Safety for more information or to opt out of the system.

<p>1. _____ <b>Social Security Number (optional)</b></p> <p>2. _____ <b>Last Name</b>                      _____ <b>First Name</b>                      _____ <b>Middle Init.</b></p> <p>3. _____ <b>Birth Date (mm/dd/yyyy)</b></p> <p>4. <b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>5. <b>Home Phone</b> _____ <b>Cell Phone</b> _____ <b>Business Phone</b> _____</p> <p>6. <b>Ethnic Group:</b> American Indian or Alaskan Native <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/></p> <p>7. _____ <b>Permanent Address</b>                      _____ <b>City / State / Postal Code / Country</b></p> <p>8. _____ <b>Mailing Address (If different from above)</b>                      _____ <b>City / State / Postal Code / Country</b></p> <p>9. _____ <b>Personal E-mail Address</b></p> <p>10. <b>Country of Citizenship:</b> _____</p>	<p>OR</p>	<p>_____ <b>Student ID</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>SEMESTER &amp; YEAR:</b></p> <p>FALL 20 _____</p> <p>WINTER 20 _____</p> <p>SPRING 20 _____</p> <p>SUMMER 20 _____</p> </div>
<p>10. <b>Military Status:</b> Active Military <input type="checkbox"/> Active Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran <input type="checkbox"/></p>		

4-Digit Class Number	Course Subject & Number	Section Number	Course Title	Meeting Days	Meeting Times	Campus

_____ <b>Signature of Student</b> <i>Sign after printing out the form</i>	_____ <b>Date</b>	_____ <b>If younger than 18, signature of legal parent/guardian &amp; relationship to student</b>	_____ <b>Date</b>
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**Payment Options:**  Check Enclosed

Visa     MasterCard     Discover    **Amount Authorized To Be Charged:** \$ \_\_\_\_\_

**Card Holder Name:** \_\_\_\_\_ **Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_ (Three digits from the back of the card)

**Signature of Card Holder (sign after printing out form):** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Office Use Only:</b> Student ID #: _____	Date Credit Card Processed: _____	Employee Initials: _____
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