

CENTRAL TEXAS COLLEGE

Class Registration Form

1. Legal Name: Goodday Amanda G. Ms.
 (Last) (First) (Middle Initial) (Suffix)

2. Social Security Number: 111 11 1111 3. Daytime Phone: (254) 555-1212

4. Current Physical Address:	Is this a <u>change of address?</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<u>123 Juniper Ave</u>	<u>Killeen</u>	<u>TX</u>	<u>76542</u>	<u>Bell</u>
Street/PO Box	City	State	Zip	Country

5. Primary Email Address: use.professional.email@any_provider.com 6. Program of Study/Degree: Dual Credit

7. **Carl Perkins (voluntary):** This information is kept in strict confidence, has no effect on admission, and is used for tracking purposes only.

a) Do you have any type of documented disability for which special services would be helpful? Yes* No
 * If you require special services because of a disability, please notify Disability Support Services at (254) 526-1339.

b) Are you a single parent? Yes No
 Single parent is defined as an individual who is unmarried, separated, or divorced from a spouse and has a child or children under the age of 18 for which the parent has custody or joint custody.

c) Are you a displaced homemaker? Yes No
 Displaced homemaker is defined as an individual who is an adult and has worked without salary or pay to care for the home and family, or is underemployed, and for that reason has diminished marketable skills.

8. Residency: I consider myself to be a resident of Texas State. (If Military, LES state of residence)

"I understand the requirements for classification as a resident of Texas for tuition purposes and I affirm by my signature below that I will notify the proper officials of this institution if circumstances change so as to disqualify me for this classification. I understand that violation of this oath of residency will result in disciplinary action."

Student Signature: Amanda Goodday Date: Today's Date
 MO / DAY / YR

STUDENT SCHEDULE

CTC Campus/Site Location: _____ Term: _____ Year: _____

Location Code	Course Synonym Number	COURSE			Class Start Date	# of Weeks	Credit Hours
		Name	Number	Section #			

Advisor Signature: _____ Date: _____ Total Hours: _____

SSN

First

Last

ID#