

Central Texas College
Daytime Computer Skills Classes
Enrollment Application Form

Please write legibly

Mr. Miss Mrs.
Plases circle

DOD Employee Yes No
Please circle

Branch of Service (Active Duty Only) _____ Rank _____ or Civilian

Last name _____ First names _____ Middle initial _____

Social Security __ _ - __ _ - __ _

Title of Course _____

Start Date _____ Time: Class begins _____

End Date _____ Time: Class ends _____

Work phone _____

Home phone _____

Other phone _____

Email _____

I am registering for _____ to be held on the dates and times listed above. Failure to give 72 hour notice of withdrawing or failure to show will result in the notification of my commander/supervisor and the Education Services Officer.

Signature of Applicant _____ Date _____

The above student has been given permission to enroll in the class listed below. Central Texas College will notify me if the student fails to withdraw 72 hours prior to the start of class or if the student fails to show. I will notify Central Texas College immediately if this student is unable to attend/complete this course due to unexpected military orders, deployment, or illness.

Commander/Supervisor _____
Print Sign

Contact number _____ email _____

Date _____