

# CENTRAL TEXAS COLLEGE

## Class Registration Form

1. **Legal Name:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Suffix)

2. **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3. **Daytime Phone:** (\_\_\_\_\_) \_\_\_\_\_

4. <b>Current Physical Address:</b>	Is this a <u>change of address</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____
<b>Street/PO Box</b>	<b>City</b>
	<b>State</b>
	<b>Zip</b>
	<b>Country</b>

5. **Primary Email Address:** \_\_\_\_\_ 6. **Program of Study/Degree:** \_\_\_\_\_

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 \_\_\_\_\_ 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MO / DAY / YR

### STUDENT SCHEDULE

**CTC Campus/Site Location:** \_\_\_\_\_ **Term:** \_\_\_\_\_ **Year:** \_\_\_\_\_

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

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Total Hours:** \_\_\_\_\_

SSN

First

Last

ID#