

# CENTRAL TEXAS COLLEGE

## Continental & International Campus Registration Form

1. Legal Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Suffix)

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

4. Primary Email Address: \_\_\_\_\_

<b><u>Change of Address:</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Local/Mailing:</b> <input type="checkbox"/>		<b>Permanent:</b> <input type="checkbox"/>	
Street/PO Box	City	County	State	Zip Code	

### STUDENT SCHEDULE

**Student's Location:** \_\_\_\_\_    **Term:** \_\_\_\_\_    **Year:** \_\_\_\_\_

Location Code	Course Synonym Number	<u>COURSE</u>			Class Dates _____ to _____	Credit Hours	Instructor
		Name	Number	Section #			
					to		
					to		
					to		
					to		
					to		

**I understand my educational records may be released to military or federal officials in performance of their official duties. I further understand that payment in full must be made for this registration to be official.**

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

#### For Office Use Only

Subtotals	Charges	Payment Received from Student	<u>Amount due from:</u>	
			Government	Other
Tuition				
Books				
Fees				
<b>Total</b>				

- Tuition Assistance
  - 100%
  - 75%
  - Other \_\_\_\_\_
- Full Pay
- Pell Grant
- VA-GI Bill
- VEAP
- Other \_\_\_\_\_

I certify receipt of student's payment: \_\_\_\_\_ Date: \_\_\_\_\_  
Site Personnel