

CENTRAL TEXAS COLLEGE

Continental & International Campus Registration Form

1. Legal Name: _____ (Last) _____ (First) _____ (MI) _____ (Suffix)

2. Student ID#: _____ 3. Daytime Phone: (____) _____

4. Primary Email Address: _____

<u>Change of Address:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		Local/Mailing: <input type="checkbox"/>		Permanent: <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				
Total				

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

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