

CENTRAL TEXAS COLLEGE

Texas Registration Form

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

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

Social Security Disclosure

Disclosure of your social security number (SSN) is requested from you in order for Central Texas College to identify your records. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in records being delayed or misplaced. Further disclosure of your SSN is governed by the applicable law.

4. **Primary Email Address:** _____

Change of Address: ☐ Yes ☐ No

Local/Mailing: ☐ **Permanent:** ☐

Street/PO BOX

City

County

State

Zip Code

5. **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:** _____
MM / DD / YY

STUDENT SCHEDULE

Student's Location: _____ **Term:** _____ **Year:** _____

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

Advisor Signature: _____ **Date:** _____ **Total Hours:** _____
MM / DD / YY