

CENTRAL TEXAS COLLEGE

P.O. Box 1800, Killeen, TX 76540 B559 Clear Creek Bldg, Rm 139
 Phone: (254) 526-1586 Fax: (254) 526-1600
 continue.education@ctcd.edu

Continuing Education Registration Form

Date:	ID:	Qtr:
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*Denotes Required Field

Last Name*		First Name*		Middle Initial	Suffix
Previous Last Name		Social Security Number*		Birthday (mm-dd-yy)*	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female
Local Address*		City*		State*	Zip*
Primary Phone*		Email Address (add me to the CE newsletter)		County of residency*	
Emergency Contact Name		Emergency Contact Relationship		Emergency Contact Phone	
High School Graduate* <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of High School		Date Graduated	Have you earned a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The following information is used for federal and/or state reporting purposes and to help provide support for our programs. Although not required, your cooperation is appreciated. CTC does not discriminate in admission or access to, treatment or employment in its programs and activities on the basis of race, color, religion, national origin, gender, disability, age, sex based or veteran's status. If you have any type of documented disability for which special services might be helpful, please contact Disability Support Services at (254) 526-1195.

How did you hear about us? <input type="checkbox"/> Social Media <input type="checkbox"/> Website <input type="checkbox"/> Course Schedule <input type="checkbox"/> Previous Student <input type="checkbox"/> Word of mouth <input type="checkbox"/> TWC <input type="checkbox"/> Other: _____	What is your primary goal for taking a CE course? <input type="checkbox"/> Cert. of Completion <input type="checkbox"/> Prof. Development <input type="checkbox"/> Army Credential <input type="checkbox"/> Personal Enrich. <input type="checkbox"/> College for Kids <input type="checkbox"/> Grant Funded Name: _____	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic/Latino <hr/> Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	Additional Information <input type="checkbox"/> Academically Disadvantaged <input type="checkbox"/> Economically Disadvantaged <input type="checkbox"/> Limited English <input type="checkbox"/> Single Parent <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Disabled <input type="checkbox"/> Foster Parent or Student <input type="checkbox"/> Other: _____
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MEDIA CONSENT: If you do not wish for you or your child to be photographed for use in CTC advertising and/or campus printed and online publications, please check the box below. Your consent includes waiver of any financial remuneration, right to inspect or approve photos and also releases CTC from any liability for use of the images. I do not consent to be photographed for use in CTC advertising or publications.

REFUND POLICY: To receive a refund or withdraw from a course, students must contact the Continuing Education office in person. Refunds and withdrawals will follow the official CTC schedule, which can be found on the CTC website, at <http://www.ctcd.edu/academics/catalog/catalog-texas/college-costs/>. For additional questions regarding this policy, contact the Continuing Education department. Emergency withdrawal will be considered filed as of the date of the emergency orders or medical certification of family members. Any exceptions to this policy will require approval of the appropriate dean and bursar.

I agree to abide by all college rules and regulations as outlined in the College Catalog. I certify the information on this form is complete and correct. I request registration in the courses listed on this form. I also understand that I have received or been directed to bacterial meningitis information on the college website (www.ctcd.edu/student-immunization), as directed by the State of Texas, Senate Bill 31, 2001.

Signature*: _____ Date*: _____

Synonym Number	Course Name	Course Number	Course Title	Bldg/Room	Date From/To	Time From/To	Cost
Total							