

This page is perforated.

Continuing Education Registration Form



Student Information									
Legal Last Name		Legal First Name			MI				
Home Address		City		State		Zip			
County where you live		Home Phone		Other Phone		Email Address			
Student ID		Date of Birth			(Month/Day/Year)				
Ethnicity		Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					
Please select the racial category or categories with which you most closely identify. Check as many as apply:									
<input type="checkbox"/> White		<input type="checkbox"/> Black or African-American		<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Asian			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> International		<input type="checkbox"/> Race unknown					
Course Information									
200#C#	0000000	XXXX-###-####	Course Section	Course Title	Loc.	D/D Days	M/D - M/D Dates	H:M - H:M Times	Tuition \$
Term									\$
Payment Information									
Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit* (Visa, MasterCard, Discover, American Express)									
*If paying by credit card, please fill in authorization below and fax to Office of the Registrar at a number listed below.									
I authorize TCC to charge tuition and fees on my credit card for the above student:									
Amount of \$ charge		Type of card		Expiration date		Card#			
Printed name on card		Signature							
CE REFUND POLICY 100 percent refund will be given if the student meets one of the following criteria: 1. The course is canceled by the College. 2. The student drops on or before midnight of the first day of class. 80 percent refund will be given if the student meets the following criterion: The student drops before midnight of the second business day following the first day of class. The complete TCC refund and withdrawal policy can be found online at www.tccd.edu . In the "Ask TCC" box, type "refund," then click "refund schedule."									
Office of the Registrar Northeast Campus: 817-515-6988 Northwest Campus: 817-515-7732 Southeast Campus: 817-515-3182 South Campus: 817-515-4110 Trinity River Campus: 817-515-0704									
MAIL-IN REGISTRATION Deadline for registration by mail is two weeks before class begins. Mail-in registration will be accepted only if class space is available when registration is received. Mail check and/or credit card authorization to: TCC Registrar's Office ~ Trinity River Campus ~ 300 Trinity Campus Circle ~ Fort Worth, TX 76102									

TCC is an Equal Opportunity institution/equal access to the disabled.