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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)					Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity		Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			<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						
Please select the racial category or categories with which you most closely identify. Check as many as apply:											
Course Information											
200#Q#	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 \$		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					
Fax Numbers		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.