Community & Industry Education Registration Form



(Please PRINT)

Student Information												
Logal Last Na	ma			Logal First N	Logal First Namo				201			
Legal Last Name Home			Legal First Name				MI					
Address				City					State	Zip		
County where			Home	,	Other			Email		•		
you live			Phone		Phone			Address				
Student ID				Date of Birth								
	(Colleague ID, Social Security#, or Assigned ID)				(Month/Day/Year)				Gender Male Female			
Ethnicity	Are yo	ou Hispanic or Latino										
	most o	closely identify. Chec	egory or categories with which you k as many as apply:	White								
Course Info		ion										
CE Program	n:							- 1-				
200#Q#	Car	0000000	XXXX-###-####		Carrier Title		1.00	D/D	M/D – M/D	H:M – H:M		
Term	Col	urse Synonym	Course Section		Course Title		Loc.	Days	Dates	Times	Tuition	
											\$	
Payment Information												
Method of Payment ☐ Cash ☐ Check ☐ Credit* (Visa, MasterCard, Discover, American Express)												
*If paying by ci	redit ca	rd, please fill in auth	norization below and fax to Admissio	ons & Registrar a	t a number listed	below.						
I authorize TCC	to cha	rge tuition and fees	on my credit card for the above stud	lent:								
Amount of cha	rge	\$	Type of card	Expiration date		Card#				CVV		
Printed name on card		•	, ,,	Signature								
CIE REFUND POLICY 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. For 1 or 2 day classes, 100 percent refund will be given if the student meets one of the criteria: 1. The course is canceled by the College. 2. The student drops before the end of the class. The student drops before midnight of the second business day following the first day of class. For the full refund policy visit www.tccd.edu/refunds.									ts one of the following			
Admissions & Registr Fax Numbers				Northwest	Southeast Campus:							
		<u>ar</u> Northeast Camp	ous: 817-515-0498	Campus:	817-515-049	4	outricust carri	yus. 017-J1.	, 0010			
		South Campus:	817-515-0564	Trinity River Campus:	3							
MAIL-IN REGISTRATION		•	tion by mail is two weeks before clas Imissions & Registrar ~ Trinity River C	•	•	•		ace is available w	hen registration is r	eceived. Mail che	ck and/or credit card	