

Community & Industry Education Registration Form



(Please PRINT)

| 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 | | | | | |
| (Colleague ID, Social Security#, or Assigned ID) | | | | (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 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 | | | | | | | | |
| CE Program: _____ | | | | | | | | |
| 200#Q# | 0000000 | XXXX-####-##### | | | D/D | M/D – M/D | H:M – H:M | \$ |
| Term | Course Synonym | Course Section | Course Title | | Loc. | Days | Dates | Times |
| | | | | | | | | \$ |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| 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 Admissions & 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# | | CVV | |
| Printed name on card | | | Signature | | | | | |
| CIE 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. For the full refund policy visit www.tccd.edu/refunds . | | | | | | | | |
| For 1 or 2 day classes, 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 before the end of the class. | | | | | | | | |
| Admissions & Registrar Fax Numbers | | | Northeast Campus: 817-515-0498 South Campus: 817-515-0564 | | Northwest Campus: 817-515-0494 Trinity River Campus: 817-515-0703 | | Southeast Campus: 817-515-0616 | |
| 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: Admissions & Registrar ~ Trinity River Campus ~ 300 Trinity Campus Circle ~ Fort Worth, TX 76102 | | | | | | | | |

Returning students can register online in WebAdvisor at <https://wa.tccd.edu>

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