Community & Industry Education Registration Form



Student Information										
Legal Last Name			Legal First Name	Legal First Name			MI			
Home Address			City				State	Zip		
County where you live		Home Phone	Othe Phon			Email Address				
Student ID			Date of Birth							
	(Colleague ID, Social Security#, or Assigned ID)		(Mont	(Month/Day/Year)			Gender Male Female			
Ethnicity	Are you Hispanic or Lati	no? Yes No								
	Please select the racial of most closely identify. Ch	category or categories with which neck as many as apply:	, H. Willie D. Blue	White □ Black or African-American □ American Indian or Alaskan Native □ Asian □ Native Hawaiian or Other Pacific Islander □ International □ Race unknown						
Course Information										
200#Q#	0000000	XXXX #### #####				D/D	M/D M/D	H:M H:M	Ś	
Term	Course Synonym	Course Section	Cou	urse Title	Loc.	Days	Dates	Times	Tuition	
						ĺ			\$	
Payment Information										
Method of Payment Cash Check 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:										
Amoun cha		Type of card		Expiration date		Card	#			
Printed name on card				Signature						
CIE REFUND	10 percent refund will be given if the student meets one of the following criteria: For 1 or day classes, 100 percent refund will be given if the student meets one of the								one of the	
POLICY	1. The course is cand	following criteria:								
	2. The student drops on or before midnight of the first day of class. 1. The course is canceled by the College.									
	80 percent refund will be given if the student meets the following criterion: 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.									
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 Ro	egistrar Northeast Ca	impus: 817-515-0683	<u> </u>		theast Campu					
Fax Numbers	South Campu		Trinity River Campus: 817-			01, 313	-			
MAIL-IN			e class begins. Mail-in registration		if class space is	s available wher	n registration is receiv	ed. Mail check and	/or credit card	
REGISTRATION	•	*	er Campus ~ 300 Trinity Campus		•		2			