



Continuing Education Admissions and Registration Form

Student Registration Information
Last Name (Current Full Legal) First Name Middle Name Suffix (Jr,II)
WCJC Student ID OR Social Security Number(SSN) Date of Birth (MM/DD/YYYY) Gender Male Female
Current Physical Address - Street City State Zip Code
Mailing Address (if different from above) City State Zip Code
Email Address Home Phone Work Phone
Emergency Contact Relationship Phone Number

Residency: US Citizen: YES NO Permanent Resident Card # /VISA Type:
*Providing a Social Security Number (SSN) will speed up the processing of your application. Wharton County Junior College uses the SSN for compliance with federal and state reporting requirements and has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose your SSN without your consent for any purpose as allowed by law.

Demographic Questionnaire

The following questions are used by the state to help provide support for our programs. Although not required, your cooperation in answering them is appreciated. This information is required and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws. This information will be used for federal and/or state law reporting purposes only.

Check One: Non-Hispanic Hispanic
Race (Check all that apply) American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White
Additional Information: Academically Disadvantaged Economically Disadvantaged Limited English Skills Displaced Homemaker Single Parent Disability; Type of Disability:
How did you hear about us? WCJC.edu Social Media Texas Workforce Commission Event: Other:
What is your primary goal? Leisure Learning Professional Development Training Program Certificate Other:

COURSE SELECTION

Classes are cancelled 3 days prior to the first class meeting when minimum enrollment is not met.

Table with 5 columns: Term, CRN(Course Reference No), Course Title, Date Begins, Cost

Payment is due at the time of registration. Fax, mail, or deliver this form in person.

Mail to: Wharton County Junior College, Continuing Education Department, 5333 FM 1640, Richmond, Texas 77469

Fax-In - Send us your registration form by fax to the Richmond Campus: 281-239-1628 or Email: ce@wcjc.edu

Students may request a full refund by submitting such request at least three business days prior to the first class meeting, unless an earlier refund date is published. No other refunds are available. Refunds will be processed and automatically returned to the student, or the student may request the refund be applied toward the tuition of another non-credit class.

Student Signature: _____

PAYMENT METHOD

*Bottom portion to be destroyed.

Pay by Cash Pay by Check (Make check payable to WCJC. NOTE: Driver's License and Date of Birth required of signee)
Check # DL/State ID Date of Birth
Pay by Credit Card: Master Card VISA Discover American Express
Card Number: Expiration Date:
Name on Card: CID:

The information I have provided is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules, and regulations of Wharton County Junior College. I authorize the college to verify the information I have provided.

Please print the signature name: _____

Authorized Signature: _____ Date: _____