

Continuing Education Admissions and Registration Form

Student Registration Information

Last Name (Current Full Legal)	First Name	Middle Name	Suffix (Jr, II)
Social Security Number(SSN) or Student ID Number	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	Cell Phone	
Emergency Contact	Relationship	Phone Number	
Residency: US Citizen: Yes No Permanent Resident Card#/VISA: _____ Type: _____			

WCJC uses the Social Security Number for compliance with federal and state reporting requirements. We ensure confidentiality of student records and will not disclose without your consent for any purpose as allowed by law.

Demographic Questionnaire

Required for federal/state reporting purposes only; used in a nondiscriminatory manner under applicable civil rights laws.

Race/Ethnicity: Hispanic (Check one) Yes No

Check all that apply: American Indian/Alaskan Native Asian/Pacific Islander Black/African American White

Course Section

Term	CRN	Course Title	Date Begins	Cost

To register, fax, e-mail, mail, or deliver this form in person; payment is due at the time of registration.

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

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

Fax: 281-239-1628 **E-mail:** ce@wcjc.edu

Students may request a refund in writing or in person at least **three (3) full business days** prior to the first class meeting, unless an earlier refund date is published. If a class is cancelled, students will be issued a full refund. Refunds will be mailed to the student or the student may request the refund be applied toward the tuition of another non-credit class.

Student Signature: _____ **Date:** _____

Payment Method

Bottom portion to be destroyed after payment is processed.

Pay by Cash Pay by Check; Make checks payable to: **Wharton County Junior College**

(Driver's License and Date of Birth required of signer)

Check # _____ DL/State ID _____ Date of Birth _____

Pay by Credit Card: Master Card VISA Discover American Express

Card Number: _____ Expiration Date: _____ / _____ CID: _____

Name on Card: _____

The information I have provided is complete and correct to the best of my knowledge. 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:** _____