

**OUR OFFICE NO LONGER ACCEPTS CASH OR PERSONAL CHECKS!
PAYMENT MUST BE MADE BY CREDIT/DEBIT CARD, MONEY ORDER OR CASHIER'S CHECK.**

In Person - Register at CTC, Bldg. 136 Rm. 139. Office Hours are Monday - Thursday 8 am to 5 pm and Friday 8 to 11 am.

By Phone - Call (254) 526-1586. Payment must be made with a credit/debit card.

By Fax - Fax a completed registration form to (254) 526-1600. Call us at (254) 526-1586 to make a payment.

By Mail - Send completed registration form to: CTC Continuing Education P.O. Box 1800, Killeen, TX 76540 Call (254) 526-1586 for payment.

Anyone needing accommodations to participate in these courses, please contact Disability Support Services at 526-1195.

Legal Name: _____ (Last) _____ (First) _____ (Middle Initial) _____ (Suffix)

Previous Last Names (s): _____

Local Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

SSN: _____ Date of Birth: _____ (mm-dd-yy)

Please provide the following race/ethnic data. This information is requested on a voluntary basis by the U.S. Department of Education. (check all that apply): (This information will not affect your admission to the college.)

Ethnicity: Hispanic/Latino Race: American Indian or Alaska Native Asian Black or African American
 Non-Hispanic/Latino Native Hawaiian or Other Pacific Islander White

Gender: Male Female Email: _____

High School Graduate: Yes No Date: _____

Name of high school attended: _____

If you did not graduate, have you earned a GED? Yes No Date: _____

Name and state of college/university: _____

State and county of legal residency for tax purposes: _____

CTC does not discriminate in admission or access to, treatment or employment in its programs and activities on the basis of race, color, religion, national origin, gender, disability, age, sex based or veterans status. If you have any type of documented disability for which special services might be helpful, please contact Disability Support Services at (254) 526-1195.

MEDIA CONSENT: If you do not wish for you or your child to be photographed for use in CTC advertising and/or campus printed and online publications, please check the box below. Your consent includes waiver of any financial remuneration, right to inspect or approve photos and also releases CTC from any liability for use of the images. I do not consent to be photographed for use in CTC advertising or publications.

I agree to abide by all college rules and regulations as outlined in the College Catalog. I certify the information on this form is complete and correct. I request registration in the courses listed on this form. I also understand that I have received or been directed to bacterial meningitis information on the college website (www.ctcd.edu/student-immunization), as directed by the State of Texas, Senate Bill 31, 2001.

Signature: _____ Date: _____

Synonym Number	Course Name	Course Number	Course Title	Bldg/Room	Date From/To	Time From/To	Cost