

Continuing Education 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)	Check all that apply: American Indian/Alaskan Native Asian/Pacific
Yes No	Islander Black/African American White

Course Section

Term	CRN	Course Title	Start Date	Cost

Payment Method

<p>Payment Method: (Check one)</p> Cash <input type="checkbox"/> *Credit Card <input type="checkbox"/> Check <input type="checkbox"/> <p>Payment is due at the time of registration.</p> <p>*Credit Card payment option is only available for Online Registration or In-Person Registration</p> <p>Make checks payable to: Wharton County Junior College</p> <p>Business Office Hours: 8:00 AM – 4:00 PM Richmond, Sugar Land and Wharton</p>	<p>Students may request a refund in writing or in person at least three (3) full business days prior to the start date of class. Once the class has begun, refunds are unavailable. 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.</p> <p>Student Initials: _____ Date: _____</p>
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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.

Student Signature: _____	Date: _____
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