Received Date:	



Continuing Education Registration Form

			Student Regis	stration Inforr	nation					
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	nail Address Home Phone			e		Cell Phone				
Emergency Co	Emergency Contact Re					Phone Number			r	
Residency: US Citizen: Yes No Permanent Resident (Card#/VISA: _			Type:			
	e Social Security N of student recor		•		•	_				
	Demographic Questionnaire									
	ederal/state repo							cable ci	vil rights laws.	
Race/Ethnicit	y: Hispanic (Check	cone) Ch	neck all that app	ply: American	Indian/Ala	askan	Native	Asia	n/Pacific	
Yes No	0	Isl	ander Blac	ck/African Ame	rican	Whit	е			
Course Section										
			Coal	ise section						
Term	CRN			e Title			Start Date	е	Cost	
Term	CRN						Start Date	e	Cost	
Term	CRN						Start Date	e	Cost	
Term	CRN						Start Date	e	Cost	
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Mail: Wharton County Junior College, Continuing Education Department, 5333 FM 1640, Richmond, Texas 77469 •

Online Registration is available: WCJC Continuing Education