PLEASE FAX FORM TO (713) 718-5777

HOUSTON COMMUNITY COLLEGE

SCHOOL OF CONTINUING EDUCATION ENROLLMENT FORM

FOR OFFICE USE ONLY

APPLYING FOR FIN. AID __ YES __NO

☐ CCNA ☐ CAN ☐ CCNP(Pell Only) ☐ EKG

☐ HIS ☐ HVAC ☐ Padm ☐ Phlab ☐ PM

☐ MAM ☐ MCSA ☐ TD(CVOP)

Section A – Personal Data

1. Prefix ☐ Miss ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Dr. 2. Name: _____

Last First MI

3. Marital Status ☐ Married ☐ Single ☐ Separated ☐ Widowed 4. Social Security Number: __ __ __ - __ __ - __ __ __

5. Gender: ☐ Female ☐ Male 6. Date of Birth: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)

7. Ethnicity (This information is optional and in no way will be used to evaluate your application. The data is required for state and federal statistical reporting purposes).

☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ African American, Black ☐ Hispanic/Latino ☐ White, Non Hispanic ☐ No Response

Citizenship Status: Are you a US Citizen? ☐ Yes ☐ No Country of Citizenship _____

8. E-mail Address:_____

Section B – Address/Phone

Home Phone: __ __ __/ __ __ __ - __ __ __ __ Home Address (Required – no PO Box or dormitory addresses) _____

Street Address City State Zip Code

Business Phone: __ __ __/ __ __ __ - __ __ __ __ ext. _____ Business Address _____

Street Address City State Zip Code

Section C – Residency

1. Have you lived in the State of Texas for the last 12 months? ☐ Yes ☐ No, what is your previous state of residence? _____

2. In what School District do you currently reside?

☐ Houston (ID01) ☐ Alief (OD02) ☐ Katy (OD10) ☐ Spring Branch (OD17) ☐ Channelview (OD03) ☐ Galena Park (OD08)

☐ Pearland (OD16) ☐ Spring (OD18) ☐ Stafford (ID0S) ☐ Cypress-Fairbanks (OD05) ☐ North Forest (OD14) ☐ Aldine (OD01)

☐ Fort Bend (OD06) ☐ Pasadena (OD15) ☐ Indicate, if Other _____

3. In what county do you currently reside?

☐ Brazoria ☐ Fort Bend ☐ Galveston ☐ Harris ☐ Montgomery ☐ Waller ☐ Indicate, if Other _____

Section D – Enrollment & Payment

Please check the course you'd like to enroll in:

	Course	Class #	Days/Times	Start Date	Location	Session	Amount
__	BUSG 2009 Small Bus. Mgmt.	10756	MTW/6:30pm-9:30pm	12/20/10	Katy Campus	Miniterm	$178.80

Total $178.80

You will receive a student ID via email when your enrollment is processed. The ID enables you to pay online or at the campus.

Section F – Signature

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 at any school to which I am admitted. I authorize the College to verify the information I have provided. I further understand that the information submitted herein will be relied upon by the officials of the College in determining my admission and residency status for tuition purposes and that the submission of false information is grounds for rejection of my application, withdrawal of acceptance, cancellation of enrollment, and/or disciplinary action.

Applicant Signature _____ Date _____

Houston Community College System considers name, address, telephone, date of birth, degrees earned and dates, major field of study, dates of attendance, enrollment status, student classification and name of most recent previous institution attended, number of hours complete and in progress, directory information. This is done in compliance with the Texas Open Records Law. If you do not want this information released, please check this box.

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.

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