



## CONTINUING EDUCATION REGISTRATION

Quarter \_\_\_\_\_

SSN or Student ID	NAME (Last,	First,	Middle Initial)
HOME EMAIL	WORK EMAIL		
Date of Birth / /	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone	Business/Cell Phone
MAILING ADDRESS		CITY	ZIP
<b>Check One:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Foreign National	This is to certify that <input type="checkbox"/> I AM <input type="checkbox"/> AM NOT a legal resident of the College of the Mainland District. To be a legal resident of College of the Mainland District, you must reside in one of the following school districts: Hitchcock, Santa Fe (including Algoa, Arcadia, Alta Loma), Texas City, La Marque and Dickinson.		
Signature _____		Date _____	
Please charge to:		Expiration	Card
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX		Date _____	No. _____
		CVN SECURITY CODE: _____	
Print Cardholder's Name _____		Authorized Signature _____	

### COURSES TO ADD

Synonym	Course Abbreviation	Course #	Section #	Cost

### COURSES TO DROP

Synonym	Course Abbreviation	Course #	Section #	Refund