

CONTINUING EDUCATION REGISTRATION

NAME (Last,					First,				Middle Initial)	
Do you consider yourself to be Hispanic/Latino? Yes No In addition, please select one or more of the following racial categories to describe yourself: American Indian or			PHYSICAL ADDRESS CITY STATE					STATE	ZIP	
			(Date of Birth)		Sex Male Female		Home Phone		Business/Cell Phone	
			EMAIL ADDRESS							
☐ Black or African American☐ Native Hawaiian or Pacific Islander☐ White										
COURSES	TO ADD	COUF	RSE ABBREVIATION	COURSE	#	COURSE NAM	E		COST	
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cancellation	n is received be	fore th		e. This pol	icy is l	based on the	ppy to issue a full ref fact that CE classes		** Please initial:	
1000	PERSON	AL	COM Continuing Education, Technical-Vocational Building, Rm T-1475, 1200 Amburn Road, Texas City, (credit card or debit card only) NO CASH, CHECKS, MONEY ORDERS OR AMEX ACCEPTED							
000	CALL	CALL		409-933-8586 OR 1-888-258-8859, EXT. 8586. (credit card or debit card only, no AMEX)						
COM			https://www.	https://www.com.edu/ce/register.html						