



Office Use only

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CBC Location: BV AL KV PL OL HS

Continuing Education Registration Form

To ensure accuracy, please print in blue or black ink and write legibly.
Please return the CE Registration Form via email to ce@coastalbend.edu

Student Information

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_
Other names you have gone by: \_\_\_\_\_ Gender: [ ]Female [ ]Male
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
County: \_\_\_\_\_ Email Address: \_\_\_\_\_
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_
[ ] Cell [ ] Home [ ] Work [ ] Cell [ ] Home [ ] Work
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
High School Currently Attending (If Applicable): \_\_\_\_\_

Demographic Information

Coastal Bend College will use the following data for Federal and/or State law reporting purposes. Responses are Voluntary and the information will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

- 1. What is your ethnic origin: [ ] Hispanic or Latino [ ] Not Hispanic or Latino [ ] Not Reported
2. Select one or more that apply: [ ] White [ ] Hispanic or Latino [ ] Black/ African American [ ] Asian [ ] American Indian or Alaskan Native [ ] International [ ] Native Hawaiian or Other Pacific Islander [ ] Unknown/ Not Reported
3. What is your highest education attainment? [ ] High School Diploma [ ] GED [ ] College Hours or degree [ ] None of these
4. Are you a single parent with custody of your children? [ ] Yes [ ] No
5. Are you a displaced worker seeking training to reenter the workforce: [ ] Yes [ ] No
6. Are you currently employed, seeking additional training for employment growth: [ ] Yes [ ] No

Table with 5 columns: Course Title, Course Rubric, Start Date, End Date, Instructor. Contains 5 empty rows for data entry.

Refunds may be made under the below conditions.

- 1. A 100% refund will be made automatically if the College exercises its right to cancel a class or if a class is full at the time your registration is received. A class is canceled when there is insufficient enrollment or for any unforeseen circumstances.
2. A 100% refund will be honored if requested, in writing, within 72 hours of the start date of the class. ce@coastalbend.edu
3. In order to receive a refund under any other condition/circumstance, you must request a refund, in writing, by emailing us at: ce@coastalbend.edu. Your request will be reviewed and you will be notified accordingly.

I understand that information submitted herein will be used by Coastal Bend College officials as enrollment for the Continuing Education course. I authorize Coastal Bend College to verify the information that I have provided. I agree to notify the proper institution of any changes in the information provided. I certify that the information on this form is complete and correct and understand that the submission of false information is grounds for rejection of my enrollment, withdrawal of my offer of acceptance, cancellation of enrollment, or appropriate disciplinary actions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_