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|  | Cisco College  Workforce & Economic Development  Registration Form  717 E. Industrial Blvd.  Abilene, Texas 79602 |

**Personal Information**

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| Last Name: | | First Name: | | | Middle Initial: | | | | Preferred Name: |
| Mailing Address: | City: | | | State: | | Zip: | | County: | |
| Telephone: | | | Cell Phone: | | | | Email: | | |
| Social Security Number: | | Driver’s License: | | | Birthday: | | | | Gender: |
| Citizenship:  □ United States  □ Other | | | | | Ethnic Origin:  □ African-America □ Asian □ Alaskan Native □ Hispanic/Latino □ American Indian/Alaskan Native □ Other | | | | |
| Emergency Contact:  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Course # (CE) | | Course Name | | | Location | | | | Fee (s) |
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Total Contact Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment is due at the time of registration. Make checks payable to Cisco College. A 100% refund is given if the college must cancel the class. **Refund Policy**: I understand that no refund will be made on or after the day of the beginning of class.

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