



NON-CREDIT AND CONTINUING EDUCATION REGISTRATION FORM

Date: _____

PERSONAL INFORMATION

Social Security Number _____ or Student ID: _____

Date of Birth: _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: Home _____ Cell _____ Work: _____

E-mail Address: _____

Information relating to your ethnic background is requested for reporting requirements to the Department of Education. The data requested will be used for the required reports to this agency and will not be used in any way in the admission process.

- | | | |
|---|--|--|
| Ethnic Origin: <input type="checkbox"/> Hispanic
<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Unknown | Race: <input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Non-Resident Alien | How did you hear about this class?
<input type="checkbox"/> Advertisement (brochure, flyer, newspaper)
<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Calhoun Website
<input type="checkbox"/> Company Referred
<input type="checkbox"/> Other _____ |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

COURSE INFORMATION

Course Title: _____

Course Term: _____ Course Code: _____

Course Number: _____ Course Section: _____

Dates of Course: _____

Course Fee: \$ _____ Course Location: Decatur Huntsville Online

PAYMENT INFORMATION

Payment Method: Cash Check #* _____ Visa MC Discover Bill Company

*If paying by check, driver's license number and expiration date must be included.

Driver's License #: _____ Expiration Date: _____

Card Number: _____ Expiration: _____

I certify that Calhoun Community College, Department of Business Operations, has permission to bill my credit card in the amount of _____ for the Non-Credit/Continuing Education class listed above.

This is the _____ day of _____, 20____. Cardholder Signature: _____

Bill Company: _____

Address: _____ Telephone: _____

Purchase Order Number: _____