



# Midland College CONTINUING EDUCATION Course Registration Form



Course Number	Course Name	\$ Course Fee	- - - - Course Starting Date
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Social Security Number	Student ID Number	Date of Birth
Last Name	First Name	MI
Street Address	City	State      Zip
County of Residence	E-Mail address	Evening/Home Phone
Cell Phone	Work/Day phone	Employer Name Optional)

**Optional: The following information is requested by the State of Texas for reporting purposes**

- Sex:       Male       Female
- Ethnicity:    White(1)    Black(2)    Hispanic(3)    Asian(4)    American Indian(5)    Other (6)
- Continuing Education Student    GED    High School Grad    Associate Degree    Baccalaureate/+

Please check any that apply:

- Displaced Homemaker (7)    Single Parent (8)    Economically Disadvantaged (2)
- Individual w/Disability (3)    Limited Eng Prof (4)    Learning Disability    Record Privacy Restriction

**Refund policy:** 100% Canceled Course - 100% Prior to first class day\* - 80% Prior to Second class day\*  
\*Less a \$10 processing fee. Allow 30 days for processing.