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| --- | --- | --- | --- | --- | --- | --- |
| **ENTER COURSE NUMBER AS LISTED IN THE CATALOG** | | | | | | |

**FTCC CORPORATE & CONTINUING EDUCATION STUDENT REGISTRATION FORM**

| **TERM** |  |  |  |
| --- | --- | --- | --- |
|  | **FALL** | **SPR** | **SMR** |

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| --- | --- | --- | --- | --- | --- |
| **SECTION # FOR OFFICE USE ONLY** | | | | | |

**PLEASE PRINT LEGIBLY**

| **STUDENT ID IF KNOWN** | **NAME OF COURSE** | **LOCATION OF INSTRUCTION** |
| --- | --- | --- |
|  |  |  |

Name

LAST FIRST

Address

City

State

Zip Code

E-mail Address

Birthdate      -     -

MM DD YY

Sex  Male  Female

Race  White  Black  American/Alaska Native

Hispanic  Asian  Hawaiian/Pacific Islander

State of Residence

County

Highest Education Level

Enter Highest Grade Completed

      01-11 Highest Grade Completed

High School Graduate

HSE

Adult High School Diploma

Post High School  
 Vocational Diploma

Associate Degree

Bachelor’s Degree

Master’s Degree or higher

Home Phone    -   -

Work Phone    -   -

Occupation

Employer

Citizenship

U US Citizen

E Eligible Legalized Alien

N Naturalized Citizen

A Non-Resident AlienEmployment Status

Retired

Unemployed (not seeking)

Unemployed (seeking)

Employed (1-10 hrs. per week)

Employed (11-20 hrs. per week)

Employed (21-39 hrs. per week)

Employed (40 hrs. or more)

Educational Goal

Personal Enrichment

Enhance Present Job Skills

Certification

Cell Phone    -   -

Military Status

Active

Retired

The information on this data form is accurate to the best of my knowledge. Please enclose your registration fee.

**Student’s Signature Date**

**$**  Amount Collected Payment Method Signature of Collector Date