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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 Alien

Employment 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.

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**Student’s Signature Date**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Amount Collected Payment Method Signature of Collector Date