



Registration Form

Deliver Registration Form in person, by mail or fax to:
 Continuing Education
 2112 Mayfield Parkway, Cleburne TX 76033
 Telephone: 817-760-5820 • Fax: 817-556-9448
 Email: cweinfo@hillcollege.edu

Please print clearly on the top line.

_____/_____/_____
 Last Name First Name Middle Initial Social Security / Hill College Student ID #

_____/_____/_____
 Home /Cell Phone # /Business Phone # County of Residence

_____/_____/_____
 Date of Birth Gender: Female Male Email

 Mailing Address City State Zip

 Emergency Contact Name Relationship Phone Number

 Company Name (for Company Contract/Grant Classes) Address City, State, Zip

DEMOGRAPHIC DATA: Used by the State of Texas to help provide support for our programs. Your cooperation is appreciated.

ETHNICITY	ADDITIONAL INFORMATION	RESIDENCE STATUS DECLARATION
Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please select the racial category or categories with which you most closely identify. Check as many as apply:</i> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> Academically Disadvantaged <input type="checkbox"/> Economically Disadvantaged <input type="checkbox"/> Limited English <input type="checkbox"/> Single Parent <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Disabled	<input type="checkbox"/> Texas Resident/In-District* <input type="checkbox"/> Texas Resident/Out-of-District <input type="checkbox"/> Out of State (Less than 12 Months in Texas) <input type="checkbox"/> Out of Nation (Not a US Citizen) <i>*Abbott, Alvarado, Bynum, Cleburne, Godley, Grandview, Hillsboro, Itasca, Joshua, Keene, Rio Vista, Venus or Whitney school district are considered In-District.</i>

REGISTRATION

Persons registering for certificate programs must register into all classes in that program prior to the first class day.

Name of Course	Start Date	Course Prefix	Course #	Campus	Tuition	Office Use	
<i>Intro to Gas Metal Arc Welding</i>	<i>01/20/2015</i>	<i>WLDG</i>	<i>1030</i>	<i>Cleburne</i>	<i>228.00</i>	<i>Section</i>	<i>Term Code</i>
Total Tuition and Fees \$							

If paying by credit card, please contact the Hill College Business Office at (254)659-7707 or (817)760-5707.

REFUND INFORMATION

100% Refund

- A 100% refund is to be made for courses/programs cancelled by the college.
- A 100% refund is to be made for courses when the Course Drop Form is received two or more business days prior to the first class day.
- A 100% refund is to be made for programs with multiple course enrollments if the Course Drop Form is received two or more business days prior to the first class day of the first class. After the start of the first class, no refund on the first class and 75 percent refund on remaining courses.

How to Withdraw

- Students must withdraw by completing a Drop Form.
- Return the Course Drop Form to Enrollment Management on the Hill County or Johnson County Campus.

Family Education Rights and Privacy Act of 1974: The following statement concerning student records maintained by Hill College is published in compliance with the Family Education Rights and Privacy Act of 1974. The release of information to the public without the consent of the student will be limited to that designated as directory information. Directory information includes name, address, telephone number, date and place of birth, major field of study, participation in activities, dates of attendance, degrees, certificates and awards and name of most previous educational institution attended. Any student objecting to the release of all or any portion of such information must notify the Office of Enrollment Management in writing and the restriction will remain in effect until revoked by the student.

I certify that the information I provided on this form is accurate and complete and acknowledge that payment is due upon registration.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Continuing Education Verification:

- CE Admission File Complete Course(s) Ready for Registration Linked Class Referral Form Received
 TPEG referral form to SIS Senior Discount Notification to SIS

CE Staff Signature: _____ Date: _____

Enrollment Management Processing:

- Registration Processed Tuition Statement Printed Charges Match Schedule Total Senior Discount Awarded TPEG Funds Awarded

SIS Staff Signature: _____ Date: _____