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: ceinfo@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
Please select the racial category with which you most closely identify: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Hispanic ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Multiracial	☐ Academically Disadvantaged ☐ Economically Disadvantaged ☐ Limited English ☐ Single Parent ☐ Displaced Homemaker ☐ Disabled	☐ Texas Resident/In-District* ☐ Texas Resident/Out-of-District ☐ Out of State (Less than 12 Months in Texas) ☐ Out of Nation (Not a US Citizen) **Abbott, Alvarado, Bynum, Cleburne, Godley, Grandview, Hillsboro, Itasca, Joshua, Keene, Rio Vista, Venus or Whitney school district are considered In-District.*

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	
~~Intro to Gas Metal Arc Welding~~	~~01/20/2015~~	~~WLDG~~	~~1030~~	~~Cleburne~~	~~228.00~~	~~Section~~	~~Term Code~~
				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 Student Information Services 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** ☐ **TPEG referral form to SIS** ☐ **Linked Class Referral Form Received** ☐ **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:** _____