

Printable Read-Only Institution Forms

Registration

First Name

Last Name

Title

Address 1

Address 2 (Optional)

City

State

ZIP Code

76645

Phone

2546597601

Extension *(Optional)*

Fax *(Optional)*

2545827591

E-mail Address

lross@hillcollege.edu

Comment

** Please use this box if you would like to provide additional contact information such as a cell phone number or the best time to reach you if there are questions about your survey. Also, if the person listed above is not the person who enters the data, please provide the name and contact information for the person who enters the data. This information is for the survey help desk staff only. It will not be seen by the public.*

Monday -Thursday: 8am - 4:30pm (central time)

Friday: 8am - 4pm (central time)

Institution Information

General Information

Institution Name : Hill College

Address 1

City

State

ZIP Code

Web Address *(Optional)*

Chief Administrative Officer infomation

Name

Title

E-mail Address

Phone

Extension *(Optional)*

Campus Safety Officer

General Information

Name

Title

E-mail Address

Phone

Extension *(Optional)*

Address

Location

State or Outlying Area Other Country

Address

City

State or Outlying Area

ZIP Code

Campus Fire Safety Officer

General Information

Name

Title

E-mail Address

Phone

Extension (Optional)

Address

Location

State or Outlying Area Other Country

Address

City

State or Outlying Area

ZIP Code

Update Status

Date Completed: 10/2/2024

Updated