

Date:

Continuing Education Admissions and Registration Form

Last Name (Current Full Legal)				Student Registration Information First Name				Middle Name		Suffix (Jr,II)	
WCJC Student II	D OR Social Security Num	D	Date of Birth (MM/DD/YYYY)			Gende Male	r Female				
Current Physica					City		State	Zip Code			
Mailing Address					City		State	Zip Code			
Email Address			Home P	Home Phone			Work Phone				
Emergency Contact			Relationship			Phone Number					
Residency: US Citizen: YES NO Permanent Resident Card #/VISA Type:											
*Providing a Social Security Number (SSN) will speed up the processing of your application. Wharton County Junior College uses the SSN for compliance with federal and state reporting requirements and has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose your SSN without your consent for any purpose as allowed by law.											
Demographic Questionnaire											
The following questions are used by the state to help provide support for our programs. Although not required, your cooperation in answering them is appreciated. This information is required and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws. This information will be used for federal and/or state law reporting purposes only.											
Check One:	_ Non-Hispanic	Additional In		and/or stat		· · · · · · · · · · · · · · · · · · ·			our prima	ry goal?	
Hispanic		Academically Disadvantaged			WCJC.ed	WCJC.edu			Leisure Learning		
Race (Check all that apply)			nically Disadva English Skills	J	Social M Texas W		Commissi		Professional Development Training Program Certificate		
American Indian/Alaskan Native			ed Homemake	er	Event:				Other:		
Asian Black/African American		Single Parent Disability;			Other:			- -			
Native Hawaiian/Pacific Islander			Type of Disability:								
White											
COURSE SELECTION Classes are cancelled 3 days prior to the first class meeting when minimum enrollment is not met.											
Term CRN(Course Reference No) Course Title Date Begins Cost											
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Payment is due at the time of registration. Fax, mail, or deliver this form in person.											
Mail to: Wharton County Junior College, Continuing Education Department, 5333 FM 1640, Richmond, Texas 77469 Fax-In - Send us your registration form by fax to the Richmond Campus: 281-239-1628 or Email: ce@wcjc.edu											
Students requesting refunds at least three full business days prior to the first class meeting shall receive a 100% refund of all tuition and fees unless an earlier refund date is published for an individual course, seminar, workshop, conference, or any other non-credit offering. Refunds will be processed and sent back to the student or student can request refund be applied toward the tuition of another non-credit class.											
Student Signature:											
PAYMENT METHOD											
*Bottom portion to be destroyed.											
Pay by Cash Pay by Check (Make check payable to WCJC. NOTE: Driver's License and Date of Birth required of signee)											
Check # DL/State ID Date of Birth											
Pay by Credit Card: Master Card VISA Discover American Express Card Number: Expiration Date: Expiration Date:											
									_/		
	Name on have provided is complete a lege. I authorize the college	nd correct to the	best of my kno	wledge. If my	y application is acco	epted, I agr	CID:	le by the policies, ru	iles, and reg	gulations of Wharton	
Please print th	ne signature name:										
Authorized Signature: Date:											