Texas State Technical College™

Corporate College Registration/Application

www.tstc.edu

The information requested on this form is needed to comply with state and federal government reporting requirements and does not effect your enrollment or your admission to Texas State Technical College. Please complete all requested information on this form. Return or mail your completed form to the TSTC location you will be attending. Complete mailing information on back of form.

Circle the location you plan on attending or the location responsible for your registration: Abilene Breckenridge Brownwood Harlingen Marshall Sweetwater Waco

Course Information

Course Title _____ Start Date _____

For Office Use:

Course (e.g.WLDG 1009) _____ Section (e.g. 10A3) _____

Student Information

Last Name _____ First Name _____ Middle Name _____

Mailing Address _____ City _____ State _____ ZIP _____

(_____) Home Phone _____ (_____) Work Phone _____ (_____) Cell Phone _____

Email Address _____

Have you ever attended or currently enrolled at TSTC? ☐ Yes ☐ No Are you a U. S. Citizen? ☐ Yes ☐ No

The following is for reporting purposes and in no way affects your admission or enrollment to TSTC. Your response is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights. **Your social security number and date of birth are very important. Your records will remain confidential**. We may not be able to match and process your documents properly without this information.

Gender: ☐ Male ☐ Female

Ethnicity: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ Hispanic ☐ Native American/Alaskan American ☐ International

Social Security Number _____ Date of Birth _____ (Mo / Day / Year)

I ☐ **authorize** ☐ **do not authorize the school officials of Texas State Technical College to release information in regard to attendance, grades, etc. in this course as may be required by prospective employers, agencies under whose sponsorship I am attending this class, professional organizations and/or other.**

I certify that the information provided by me in this document is true and correct. I understand that any false statements or omissions may be grounds for dismissal from or continued enrollment at Texas State Technical College.

Applicant/Student Signature: _____ **Date:** _____

Payment Information

Payment must be made by first class day. ☐ Employer ☐ Personal ☐ Other

Employer: _____ Employer Telephone: _____

Amount Paid: $_____ Personal Method ☐ Cash ☐ Check ☐ Credit Card (Complete Additional Form)

OFFICIAL USE ONLY

Stud. ID# _____

Texas State Technical College reserves the right to cancel if a minimum number of students do not register for the class. Enrollment will be on first-come, first-serve basis. Refunds are based on the date the official notification or Course Schedule Change form is received by the Corporate College Division. Cash refunds are not permitted therefore all refunds are mailed within an appropriate amount of time after official notifications.

Equal Opportunity shall be afforded within the Texas State Technical System to all employees and applicants for admission or employment regardless of race, color, gender, religion, ethnic or national origin, age, or disability. TSTC will make reasonable accommodations for persons with disabilities.