

**T C****TEMPLE COLLEGE**  
**BUSINESS AND COMMUNITY**  
**EDUCATION****REGISTRATION FORM**SS# information is needed  
for transcripts or certificates to be issued.

Company Name \_\_\_\_\_ Date: \_\_\_\_\_

Last Name	First	MI	Date of Birth	Social Security Number		
Mailing Address	City	State	Zip Code	Home Phone #	Work Phone #	e-mail address

CIP	Course Title	Course Prefix	Course Number	Section Number	Bldg/ Room	Course Date
Fee:						

Please complete the following survey (This information is for affirmative action purposes and is optional and voluntary. This information will be used in a non-discriminatory manner consistent with applicable civil rights laws):

- |   |   |  |  |                              |                             |
|---|---|--|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Male               | <input type="checkbox"/> White                  | <input type="checkbox"/> Asian, Oriental, Pacific Islander | Are you disabled (legally blind, deaf, impaired, wheelchair bound, learning disabled, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Female             | <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native    | Are you a displaced homemaker?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   | <input type="checkbox"/> Hispanic               | <input type="checkbox"/> International                     | Is your family income under \$15,000 a year?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have at least a high school degree?  | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No                                | Are you a single parent?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is English the language you use most often? | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No                                | Do you reside within the state of Texas?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you enrolled in a credit class at TC?   | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No                                |  |                              |                             |

**Complete this section if using a credit card for payment:**

Circle one: VISA MasterCard Discover American Express Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Temple College Community Education 2600 South First Street Temple, TX 76504 (254) 298-8625/8616 [www.templejc.edu](http://www.templejc.edu)

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