

REGISTRATION FORM

	2600 South 1st Street, Temple, TX 76504		254-298-8625	www.temp	w.templejc.edu/bce		bce@templejc.edu	
Date: _			_ E-Mail Addı	ress:				
Last Name Mailing Address				First Name	9		MI	
				City		State Zip		
ivialilig /	Audress			City		June	Zip	
Primary Phone # Alternate Phone * *Temple College ID# or S				# **Social Security # or Student ID # Date of Birth ial Security Number is needed for transcripts or certificates to be issued.				
□ Male	☐ Hispanic/Latir	10	☐ White	☐ Asian, Orienta	al, Pacific Islander H	ow did yo	ou hear about us?	
□ Female	□ Non Hispanic		☐ Black/African American ☐ American Indian/Alaskan Native ☐ International					
Gender	Select One	E.	thnic Group					
	COURSE TITLE			COURSE CODE	COURSE DATE		FEE	
mpensation in rstand that the ese photo(s).	any form. Temple e photo(s) if used	College is will be for	(Only in the event otograph by Temple not required to obt promotion purpose	tain my permission to re	taken.) publications, advertising, o euse or republish this phot nd I waive any claim to fina	ograph in Incial rem	the future. I uneration for the	
			REI	FUND POLICY				
 For class After the 	ses meeting more e class has met a	e than two a second t	siness and Continuo o sessions, a 100% time, no refund w	uing Education, 6 refund will be grant	ed if requested prior to			
	ses meeting two	sessions o	or less, a 100% rei	fund will be granted i	f requested prior to the	start of	class.	
	ır administrative	and mate	erials costs may or	_	f requested prior to the			
ege. An Admii	ır administrative nistrator must a	and mate pprove ex cknowled	erials costs may or ceptions to the tu	nly be eligible for <u>red</u> uition refund policy.		g on cost	s incurred by the	