ALVIN COMMUNITY COLLEGE
CONTINUING EDUCATION
WORKFORCE DEVELOPMENT

Registration Application

3110 Mustang Rd. · Alvin, TX 77511
Phone 281/756-3787 · Fax 281/756-3952
www.alvincollege.edu

Please print: TDL #_____

Full Legal Name Last First MI E-Mail Address

Mailing Address Apt. # City State Zip + 4

Home Phone Work Phone Cell Phone Social Security # Birth Date

Please provide the following information if this is your first course through Continuing Education (voluntary for federal/state reporting):

What is your ethnicity/gender? ☐ White, Non-Hispanic ☐ Black, Non- Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Male ☐ Female

Which independent school district do you live in? ☐ Alvin ISD ☐Pearland ISD ☐ Other:_____

Are you a Veteran? ☐ **Yes** ☐ **No** **How did you hear about this class?** _____

SIGN ME UP FOR THESE CONTINUING EDUCATION SECTIONS:

Section Number	Section Name	Location	Starting Date/Time	Tuition	Fees
			TOTAL		

REFUND POLICY
100% of your payment is refundable if ACC cancels a course. A student must submit a written withdrawal request from a CE course up to 5 working days prior to the class start date and receive a refund, less a $20 cancellation fee. *NO REFUNDS AFTER THAT DATE.* Credit overlay courses will be refunded per credit guidelines. Allow 2-3 weeks for refund checks to be mailed. *Initial:* _____

I have read and understand the REFUND POLICY & payment requested on this form. I understand my class schedule and that I may be required to purchase textbooks and/or supplies, and a temporary parking permit for the ACC campus. Parking Permits are purchased at Campus Police office.

Authorized Signature _____ Date _____

ACC and PC are committed to the principle of equal opportunity in education and employment. The college does not discriminate against individuals on the basis of race, color, gender, religion, disability, age, veteran status, nationality or ethnicity in the administration of its educational policies, admissions policies, employment policies, scholarship and loan programs, and other college administered programs and activities.

CEWD Staff Use Only

FINANCIAL AIDE: ☐ **TPEG $_____** ☐ **HUD $_____** ☐ **SCHOLARSHIP $_____**

STUDENT INFO: STUDENT ID # _____ CASHIER TRANSFERRED TO: _____

If company/agency is paying

Company/Agency Name **Contact Person**

Street Address **City** **TX** **Zip** **Phone Number**