



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 (FULL LEGAL NAME): _____

TDL # _____

Last First MI E-Mail Address

Mailing Address Apt. # City State Zip

Home Phone Work Phone Cell Phone Social Security # / Student ID# 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: _____

Do you need special accommodations for a disability? (Legally blind, deaf, speech impaired, wheel-chair bound, learning disabled, etc.) Yes No

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

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 per class. **NO REFUNDS AFTER THAT DATE.** If ACC cancels a course, 100% of your payment is refunded. Credit overlay courses will be refunded per credit guidelines. Allow 2-3 weeks for refund checks to be mailed.

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 obtained from the Campus Police office. **Initial:** _____

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 \$ _____ GRANT \$ _____ SCHOLARSHIP \$ _____

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

QUARTER(S): _____ AMOUNT OWED BY STUDENT: _____

INFORMED STUDENT TO UPDATE ADDRESS/PHONE NUMBERS/EMAIL/OTHER AT THE ESC

Company/Agency Name _____ Contact Person _____

Street Address _____ City _____ TX _____ Zip _____ Phone Number _____