



Career & Technical Education / Corporate College REGISTRATION FORM

Mail or deliver this form in person.
Online Registration is available: LoneStar.edu/CE-Registration

Date	Residency	Tuition Assistance			
____/____/20____ Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	I currently reside: <input type="checkbox"/> In the state of Texas <input type="checkbox"/> Not in the state of Texas State: _____ County: _____	<input type="checkbox"/> DARS <input type="checkbox"/> TPEG <input type="checkbox"/> Hazelwood Exempt <input type="checkbox"/> WIA <input type="checkbox"/> TAA			
Student Registration Information					
Last Name:		First Name:			
Middle Name:		Student ID or Soc. Sec. No.*			
Previous Last Name:	Date of Birth:	Phone No. Home: Cell:			
Address: City: State: Zip:		Address Change? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address (if different) City: State: Zip:					
Email Address:					
Emergency Contact Name:		Relationship: Phone No:			
<small>* Social Security Number is required if you are applying for financial aid but is not required for admission. Providing a Social Security Number (SSN) will, however, speed up the processing of your application since we will not need to manually match your application with other materials such as transcripts and test scores. Supplying a SSN also ensures that you will be able to claim the Hope Tax Credit if you are eligible on your federal tax return. Lone Star College uses the SSN for compliance with federal and state reporting requirements and has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose your Social Security Number without your consent for any purpose except as allowed by law.</small>					
Demographic Questionnaire					
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		The following questions are used by the state to help provide support for our programs. Although not required, your cooperation is appreciated.			
Race (Check all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		Additional Information <input type="checkbox"/> Academically disadvantaged <input type="checkbox"/> Limited English <input type="checkbox"/> Economically disadvantaged <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Disabled: <input type="checkbox"/> Single Parent Type of Disability _____			
How did you hear about us? <input type="checkbox"/> Received a schedule in the mail <input type="checkbox"/> Picked up a schedule from a business location Business _____ <input type="checkbox"/> LoneStar.edu <input type="checkbox"/> Other _____		What is your primary goal? <input type="checkbox"/> Personal Enrichment <input type="checkbox"/> Leisure Learning <input type="checkbox"/> Academy for Lifelong Learning (ALL) Member <input type="checkbox"/> Professional Development <input type="checkbox"/> Workforce Certificate, Which certificate? _____ <input type="checkbox"/> Other _____			
Course Selection					
Class # Ex: 55555	Course Title Introduction to Computers	Catalog # ITSCC 2100103	Campus LSC-CyFair	Start Date 09/02/14	Course Fee \$180
Payment is due at the time of registration. Make all checks payable to Lone Star College System. A \$20 infrastructure fee is charged per semester.				Total Fee	
_____ (please initial) I understand that if I wish to drop a class and receive a full refund, I must drop the class three business days before the class is scheduled to begin.				Method of Payment	
				Entered by	
				Date	
				Receipt #	
Student Signature: _____					
Bottom portion to be destroyed.					
Charge to My: <input type="checkbox"/> AmEx <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa		Card No:	Expiration Date:	CID number on front or back:	
Name on Card:		Authorized Signature:	Billing Address:		