

NON-CREDIT COURSE REGISTRATION

Welcome to Kilgore College

SS#: _____ - _____ - _____ Today's Date: _____

Name: _____
(Last Name) (First Name) (Middle Initial) (Maiden Name)

Street or (PO Box): _____

City, State, Zip: _____

County: _____ Home Phone: (____) _____

Business Phone: (____) _____ Cell _____

Email _____

Sex: Male Female

Ethnic Origin: White Non-Hispanic
 Black Non-Hispanic
 Hispanic
 Asian/Pacific Islander
 American Indian/Alaskan Native
 International

Date of Birth: ____/____/____

Course Name: _____

How did you hear about this course? _____

Complete this registration form and mail, with payment, to:
Kilgore College
Workforce Development
1100 Broadway
Kilgore, TX 75662

For more information, call 903-983-8288