



Kilgore College WDCE Course Registration Form

Registration will be accepted only if class space is available. Payment is due at registration.

Date: _____

SS#: _____ - _____ - _____

In order to help us protect your Social Security number, the college computer system will convert your SS# into your student ID# for your record.

Student ID #: _____

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

Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Business or Cell Phone: (____) _____ - _____

Email: _____

Date of Birth: ____ / ____ / ____ Gender: ____ Male ____ Female

US Citizen: __Y__N If no, what country? _____

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

- Are you Hispanic or Latino?
(Are you a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race?)
 Yes
 No
- Please select the racial category or categories with which you most closely identify. Check as many as apply:
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Course Name	Course Number	Start Date	Tuition