

Kilgore College WDCE Course Registration Form

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

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Date:		-		
SS#: In order to help us protect your	Social Security number, the colleg	e computer system will convert y	your SS# into your stu	ndent ID# for your record
Student ID #:				
Name:		(E' 1)I		0 E 111 T 27 1
(Last Name)		(First Name)		(Middle Initial)
Mailing Address:			County:	
City:			State: Zi ₁	o:
Home Phone: ()_		Business or Cell Phone:	()	
Email:				
Date of Birth:/_	/ Gender:	Male Fen	nale	
US Citizen: <u>Y</u> N If	no, what country?			
1. Are you Hispanic or (Are you a person of Cuba Yes No	Latino? n, Mexican, Puerto Rican, South o	or Central American, or other Spa	unish culture or origin	, regardless of race?)
American Ind Asian Black or Afri	al category or categories wi lian or Alaska Native can American iian or Other Pacific Island		identify. Check	as many as apply:
Course Name	Course Number		Start Date	Tuition
Course Name	Course Number		Start Date	Tuition
Course Name	Course Number		Start Date	Tuition
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Course Name	Course Number		Start Date	Tuition