



Kilgore College WDCE Course Registration Form

Please submit your completed registration form to SHSCE@KILGORE.EDU. Upon successful registration, you will receive a confirmation email with further instructions regarding the next steps in the registration process.

Date:			
Social Security #: In order to help us protect your So	ocial Security number, the college c	omputer system will conve	ert your SS# into your student ID# for your
Student ID #:		_	
Name:			
(Last Name)	(First Nan	ne)	(Middle Initial)
Mailing Address:			County:
City:	:	State:	Zip:
Business or Cell Phone ()			
Email:			
Date of Birth:	Gender:		
US Citizen: If n	o, 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:

1. Are you Hispanic or Latino?

2. Please select the racial category or categories with which you most closely identify.

Course Name

Start Date