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:

1. 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

2. 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
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