



# LIFELONG LEARNING REGISTRATION

NORTH CENTRAL TEXAS COLLEGE DIVISION OF LIFELONG LEARNING  
GAINESVILLE CAMPUS • 1525 W. CALIFORNIA ST. • GAINESVILLE, TX 76240 • 940/668-4272  
CORINTH CAMPUS • 1500 N. CORINTH ST. • CORINTH, TX 76208 • 940/498-6270

## STUDENT INFORMATION

PRINT Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

County \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female  
Month Day Year

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

Have you previously attended NCTC as a credit or continuing education student?  Yes  No

List other name(s) used at NCTC: \_\_\_\_\_

How did you first hear about the course(s)?

- (AS) Another Student
- (ER) Employer
- (NA) Newspaper Ad
- (PC) Postcard
- (TW) Twitter
- (CA) Cable
- (FB) Facebook
- (NE) NCTC Employee
- (PS) Printed Schedule
- (WC) Workforce Center
- (DA) DARS
- (FL) Flyer
- (NS) Newspaper Article
- (RA) Radio
- (WS) Website
- (EM) Email
- (FS) Former Student

## COURSE INFORMATION

**1** Course Title: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Course ID #: \_\_\_\_\_ Cost of Course: \$ \_\_\_\_\_

Begin Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Location:  Bowie  Corinth  Gainesville

Day(s): \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_ Room \_\_\_\_\_

**2** Course Title: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Course ID #: \_\_\_\_\_ Cost of Course: \$ \_\_\_\_\_

Begin Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Location:  Bowie  Corinth  Gainesville

Day(s): \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_ Room \_\_\_\_\_

## METHOD OF PAYMENT *Payment of course(s) MUST accompany form. Sorry, no credit card payments if registering by mail*

Check #: \_\_\_\_\_ Student ID: \_\_\_\_\_

Cash

Credit Card:  Visa  MasterCard Total Amount: \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Signature X \_\_\_\_\_  By Phone Received By: \_\_\_\_\_

### Drop/Refund Policy

100% of a course fee will be refunded by the Division of Lifelong Learning if the request is submitted *in writing* seven business days prior to the course start date.