

## REGISTRATION FORM - MCE (Mandatory Continuing Education)

Course \_\_\_\_\_ Starting Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

Course No. \_\_\_\_\_ Location \_\_\_\_\_ Fee \_\_\_\_\_

The collection of this information is necessary to fulfill Texas Higher Education Coordinating Board reporting requirements. It is used for reporting purposes only. This form must be completed to receive credit through our state agencies. Please print form and fax to selected campus, Bryan 979-209-7289, Brenham 979-830-4208, Schulenburg 979-743-5225, Sealy 979-627-0830.

**PLEASE PRINT**

Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male  Female   
MO DAY YEAR

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ Business E-Mail \_\_\_\_\_

**Students with holds on your Blinn College account may not register for any Workforce Education courses until your account is clear.**

These items are used to satisfy state reporting requirements: Cosmetology, Electrician, HVAC Re-Cert

TDLR License Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

TDLR License Type: \_\_\_\_\_

TDLR License Expiration Date: \_\_\_\_\_

**How did you hear about this course?**  Walk-In  Phone  Newspaper  Word of Mouth  Internet  Other \_\_\_\_\_

*Blinn College seeks to provide equal education without regard to race, color, sex, age, national origin, religion, disability, or any other constitutionally or statutorily impermissible reason. This policy extends to all programs and activities supported by the college.*

**FOR OFFICE USE ONLY**

**Payment**

Registration Fee \_\_\_\_\_

Cash  MC  Visa  Discover

CC No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Check No. \_\_\_\_\_

Send Invoice to \_\_\_\_\_

**System**

Student ID# \_\_\_\_\_

Batch # \_\_\_\_\_

**Comments:**