

REGISTRATION FORM

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. In order to receive credit and Blinn College to maintain an accurate record for the enrolled course, REGISTRATION FORM MUST BE COMPLETELY FILLED OUT. FOR CLASSES HELD IN BRENHAM, PLEASE PRINT FORM, AND FAX TO 979-830-4208. FOR CLASSES HELD IN BRYAN, PLEASE PRINT FORM, AND FAX TO 979-209-7289. FOR CLASSES HELD IN SCHULENBURG, PLEASE PRINT FORM, AND FAX TO 979-743-5225. FOR CLASSES HELD IN SEALY, PLEASE PRINT FORM, AND FAX TO 979-627-0830.

PLEASE PRINT

Date _____ Male Female

Social Security No. _____ - _____ - _____ Date of Birth _____ / _____ / _____

Name _____
LAST FIRST MIDDLE

Home Address _____

City _____ State _____ Zip _____ County _____

Home Phone (_____) _____ Email _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____ County _____

Work phone (_____) _____ Business Email _____

****Note: If you have any holds on your account from Blinn College, these must be cleared before you can register for this class.**

These items are used to satisfy state/federal reporting requirements only and in no way affect the admission decision.

Ethnicity: American Caucasian American Black American Hispanic
 Asian/Pacific Island American Indian International Student

Please check all that apply to you: Displaced Homemaker Academically Disadvantaged Single Parent
 Economically Disadvantaged English is not my primary language Learning Disability

If you need accommodations for a learning/documentated disability, please contact the Office of Disabilities at 979.209.7251.

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.

Payment	
Registration Fee _____	
Cash <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/>	
CC No. _____ - _____ - _____ - _____	
Exp. Date: _____ Security code from back of card _____	
Check No. _____	
Send Invoice to _____	

FOR OFFICE USE ONLY	
System	Comments:
Student ID# _____	
ARUPAC _____	
Batch # _____	