COASTAL BEND COLLEGE
Customized & Continuing Education

PLEASE PRINT LEGIBLY

Last: _____ **First:** _____ **Middle:** _____

Date of Birth:_____/_____/_____ **Gender: M [ ] F [ ]** **SSN #:** _____ - _____ - _____

County of Residence: _____ **Mailing Address:** _____

City: _____ **State:** _____ **Zip:** _____

EMAIL: _____ **CELL #:** (_____) _____ - _____

Responses to the following question will be used for affirmative action purposes only

1.	What is your ethnic origin	☐ **Hispanic or Latino** ☐ **Not Hispanic or Latino** ☐ **Not Reported**
2.	Select one or more that apply	☐ **White** ☐ **Hispanic or Latino** ☐ **Black/African American** ☐ **Asian** ☐ **American Indian or Alaskan Native** ☐ **International** ☐ **Native Hawaiian or Other Pacific Islander** ☐ **Unknown/Not Reported**
3.	What is your highest education attainment:	☐ **HS diploma** ☐ **GED** ☐ **College hours or degree** ☐ **None of these**
4.	Are you a single parent with custody of your children:	☐ **Yes** ☐ **No**

COURSE TITLE	RUBRIC	COURSE #	START DATE	INSTRUCTOR
Example: Med-Aide Refresher	NURA	1041	9/23/13	Smith
	WLDG		4/21/2016	Galindo

STATEMENT OF OATH:

I understand that information submitted herein will be used by Coastal Bend College officials as enrollment for the Continuing Education course. I authorize Coastal Bend College to verify the information that I have provided. I agree to notify the proper institution of any changes in the information provided. I certify that the information on this form is complete and correct and understand that the submission of false information is grounds for rejection of my enrollment, withdrawal of my offer of acceptance, cancellation of enrollment, or appropriate disciplinary actions.

Signature: _____ **Date:** _____/_____/_____

Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, or disability

CBC #: _____-00-_____ Registered by: _____