



CONTINUING EDUCATION APPLICATION

Student ID# _____

PRINT IN INK

1. Last Name: _____ 3. Place of Work: _____
 First Name: _____
 Middle Name: _____

No. /Street City State

2. Address: _____ 4. Phone: _____
 City: _____ Work Home/Cell
 County/State: _____ 5. Birth Place: _____ Birth Date ____/____/____
 (City, State)
 ZIP Code/Country: _____ 6. Gender: Male Female
 Email Address: _____ 7. Are you a U.S. Citizen? Yes No
 8. Are you a Resident Alien? Yes No
 9. Ethnic Origin: White Native American Asian
 Hispanic African-American Other
 10. Have you previously taken classes at TSC? Yes No

By signing below, I certify all information is true and correct to the best of my knowledge.

Student Signature _____ Date _____

Texas Southmost College does not discriminate on the basis of sex, race, color, age, national origin handicap, religion, or veteran status.

OFFICE OF WORFORCE AND CONTINUING EDUCATION ONLY

Year: _____ Quarter: Q1(Sept-Nov) Q2(Dec – Feb) Q3(Mar- May) Q4(June- Aug)

Course Name	Course Title	Time	Day	Location

Received by: _____ Date: _____

Processed by: _____ Date: _____