



# Continuing Education Enrollment Form

F1 Students Only

Check this box

☐

## Section A – Personal Data

Name: \_\_\_\_\_  
( Last Name ) ( First Name ) ( MI )

Houston Community College Student ID Number \_\_\_\_\_ Gender ☐ Female ☐ Male

Date of Birth / / (mm/dd/yyyy) E-mail Address \_\_\_\_\_

Contact Phone: ( ) - Cell Phone: ( ) -

Address \_\_\_\_\_  
Street Address City State ZIP Code

## Section B – Ethnicity

This data is required for state and federal statistical reporting purposes only. There are certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, students are invited to voluntarily self identify their race or ethnicity. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, data will be aggregated and will not identify any specific individual. This information is required but in no way will be used to evaluate your application.

1. Are you Hispanic or Latino? ☐ No, I am not Hispanic or Latino ☐ Yes, I am Hispanic or Latino, Explain:

☐ Central American ☐ Cuban ☐ Mexican American ☐ Mexican ☐ Chicano ☐ Puerto Rican ☐ South American ☐ Other - Hispanic

2. What is your race? Select one or more:

☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ No Response

3. Citizenship Status: Are you a US Citizen? ☐ Yes ☐ No Country of Citizenship \_\_\_\_\_

## Section C – Military

Military Status: \_\_\_\_\_ Are you a disabled veteran? ☐ Yes ☐ No Do you receive VA benefits? ☐ Yes ☐ No

Military Affiliations (Select one or more)

☐ Current/ former member of the U.S. Armed Forces ☐ Current/ former member of the National Guard ☐ Current/ former member of the Reserves

☐ Dependent of a veteran ☐ Dependent of a deceased veteran ☐ Dependent of a veteran with a combat- related injury

## Section D - Residency

1. Have you lived in the State of Texas for the last 12 months? Yes No If "No" what was your previous state of residence? \_\_\_\_\_

2. In what School District do you currently reside?

☐ Houston ☐ Alief ☐ Katy ☐ Spring Branch ☐ Channelview  
☐ Pearland ☐ Spring ☐ Stafford ☐ Cypress-Fairbanks ☐ North Forest  
☐ Fort Bend ☐ Pasadena ☐ Aldine ☐ Galena Park ☐ Other \_\_\_\_\_

3. In what county do you currently reside?

☐ Brazoria ☐ Fort Bend ☐ Galveston ☐ Harris ☐ Montgomery ☐ Waller ☐ Other \_\_\_\_\_

## Section E – Enrollment

	Course Title	Rubric	Class #	Days/Time	Start Date	Location	Amount
Ex.	Intro to Accounting	ACNT 1003	10825	T,TH 6:30pm	9/18/18	Gulfton	\$208

## Section F – Signature

The information I have provided is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules and regulations at any school to which I am admitted. I authorize the College to verify the information I have provided. I further understand that the information submitted herein will be relied upon by the officials of the College in determining my admission and residency status for tuition purposes and that the submission of false information is grounds for rejection of my application, withdrawal of acceptance, cancellation of enrollment, and/or disciplinary action.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Houston Community College considers name, address, telephone, date of birth, degrees earned and dates, major field of study, dates of attendance, enrollment status, student classification and name of most recent previous institution attended, number of hours complete and in progress, directory information. This is done in compliance with the Texas Open Records Law.

If you do not want this information released, please check this box. ☐

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.

Rev. 10-29-13