

CONTINUING EDUCATION OFFICE HOURS

Monday and Tuesday 8:00AM-7:00PM Wednesday-Friday 8:00AM-5:00PM

CONTINUING EDUCATION REGISTRATION

SSN or Student ID		NAME (Last,		First,				Middle Initial)	
CHECK ONE: 1. Do you consider yourself to		MAILING ADDRESS			CITY		STATE ZIP		
Hispanic/Latino? Yes No In addition, please select o or more of the following racategories to describe your	Date ne cial	Date of Birth Sex Male Home P Female EMAIL ADDRESS			Phone Business/Ce		II Phone		
American Indian or Alaskan Native Asian Black or African Americ	This i Colle	This is to certify that I AM AM NOT a legal resident of the College of the Mainland District. To be a legal resident of College of the Mainland District, you must reside in one of the following school districts: Hitchcock, Santa Fe (including Algoa, Arcadia, Alta Loma), Texas City, La Marque and Dickinson.							
Native Hawaiian or Pacific Islander White		Signature_							
COURSES TO ADD									
Term Sync	m Synonym		Course Abbreviation		urse#	Section #		Cost	
COURSES TO DROP Term Synonym		Course Abbreviation		Course #		Section #		Cost	
Refund policy: NO REFUNDS will be made after a class begins. We will be happy to issue a full refund if cancellation is received before the class start date. This policy is based on the fact that CE classes are self-supporting. Registration fees are used to pay salaries for our instructors as well as for supplies. ** Please initial:									
Personal COM Continuing E Technical-Vocation 1200 Amburn Road (credit card, debit, NO CASH ACCEPT	Mail COM Continuing Education 1200 Amburn Road, Texas City, Texas 77591 (check or money order only)		Call 409-933-8586 or 1-888-258-8859, ext. 8586 (credit card or debit only)		Online Use WebAdvisor https://webadvisor .com.edu (Returning students only)				