



Continuing Education Registration

320 Delany Road La Marque TX 77568 Phone: #: 409-933-8162

Fax #: 409-933-8027

Name (Last First Middle Initial) E-mail: riskmanagement@com.edu

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CHECK ONE: 1. Do you consider yourself to be Hispanic/Latino?	Mailing Address		City			State	
Yes No	Zip	Student ID # or SS #	Date of Bi	rth Sex	Home Ph	one	
 In addition, please select one or more of the following racial categories to describe yourself: American Indian or Alaskan Native 	Business/0		E-Mail Ad		nome i	ione	
Asian							
Black or African American	This is to cer		-	esident of the Colleg			
Native Hawaiian or Pacific Islander	Hitchcock, S	sident of College of the Mainland I anta Fe, (including Algoa, Arcadia,	District, you n Alta Loma),	nust reside in one of Texas City, La Marq	the following solute and Dickins	chool distr son.	icts:
White	Signature			Date			
Course #		Course Name		Instructor	Date	Cost	CEQ
SAFE-XXXX-OSHT-1071-115CL		Transforming Stress Into Success		Cody Rosier	03/08/19	No-Cost	319
SAFE-2751 \ O=u		Understanding Ethical Responsibilities & Legal Liabilities in Safety		M. Deffebach	03/22/19	No-Cost	319