

# CONTINUING EDUCATION REGISTRATION FORM

|                                     |  |                   |                  |                             |                              |                         |                                |  |
|-------------------------------------|--|-------------------|------------------|-----------------------------|------------------------------|-------------------------|--------------------------------|--|
| Full Legal Name (First Middle Last) |  |                   | DOB - MM/DD/YYYY |                             | Social Security Number (SSN) |                         | PID#                           |  |
| Residential Address                 |  | City              | State            | Zip Code                    | County                       | Personal E-Mail Address |                                |  |
| Cell Phone Number                   |  | Home Phone Number |                  | Emergency Contact Full Name |                              |                         | Emergency Contact Phone Number |  |

| Citizenship                                                                                                                                    | Residency                                                                                                                                    | QTR Enrollment Period                                                                                                                                                                                | Year/Term | CE Office Use Only                                                                                                    |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> U. S. Citizen (I, O)<br><input type="checkbox"/> Permanent Resident (W)<br><input type="checkbox"/> International (F) | <input type="checkbox"/> Texas Resident (Lived for the last 12 months)<br><input type="checkbox"/> Non Texas Resident (State/Country): _____ | <input type="checkbox"/> I (Sept. 1 - Nov. 30)<br><input type="checkbox"/> II (Dec. 1 - Feb. 28)<br><input type="checkbox"/> III (Mar. 1 - May 31)<br><input type="checkbox"/> IV (Jun. 1 - Aug. 31) |           | <input type="checkbox"/> New Student<br><input type="checkbox"/> BU Hold<br><input type="checkbox"/> Waiver Requested | Notes: _____<br>Processed By: _____ |

| Course 1/Name | CRN/Course | Days | Time | Start Date | End Date | Cont Hours | Bldg/Room # | Cost |
|---------------|------------|------|------|------------|----------|------------|-------------|------|
|               |            |      |      |            |          |            |             |      |
|               |            |      |      |            |          |            |             |      |

| Course 2/Name | CRN/Course | Days | Time | Start Date | End Date | Cont Hours | Bldg/Room # | Cost |
|---------------|------------|------|------|------------|----------|------------|-------------|------|
|               |            |      |      |            |          |            |             |      |
|               |            |      |      |            |          |            |             |      |

| REGIONAL LAW ENFORCEMENT ACADEMY ONLY |               |
|---------------------------------------|---------------|
| Law Enforcement Agency                | TCLEOSE PID # |

**For Federal, State and Local Reporting Purposes** - All students must initially complete questions 1 - 5. Subsequent changes to this information can be made as needed. Please keep your information current on a yearly basis. This information is voluntary and will be used in a non-discriminatory manner, consistent with applicable civil rights law. This information will be used for federal, state, local reporting and Continuing Education workforce programs purposes only. It will not be used in any admission or assistance decisions. PLEASE ACKNOWLEDGE:

- Highest level of education: ☐ No High School ☐ HS Diploma/GED ☐ Associate's ☐ Bachelor Degree ☐ Graduate/Professional Degree
- Ethnic Origin: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
- Race: **(Select one or more races to indicate what you consider yourself to be)**  
☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander
- Gender: ☐ Male ☐ Female
- Family's gross taxed and untaxed income? ☐ Less than \$20,000 ☐ \$20,000 - \$39,999 ☐ \$40,000 - \$59,999 ☐ \$60,000 - \$79,000 ☐ More than \$80,000

**IMPORTANT: The Student is NOT considered registered until full payment is received. NO REFUND IS AVAILABLE AFTER THE FIRST CLASS MEETING.**

For Payment Processing, please visit Bursar's Office:

|                               |                                          |
|-------------------------------|------------------------------------------|
| <b>Ft. McIntosh Campus</b>    | <b>South Campus</b>                      |
| Lerma Peña Building, Room 101 | Billy Hall Jr. Student Center, Room A117 |
| 956.721.5112                  | 956.794.4212                             |



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