



TRINITY VALLEY COMMUNITY COLLEGE  
CONTINUING & WORKFORCE EDUCATION  
REGISTRATION FORM

Section # \_\_\_\_\_

Receipt # \_\_\_\_\_

Please Provide Complete Information (Please Print):

Today's Date: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
SS# or TVIN # \_\_\_\_\_ (If applicable: Med-Aide Permit # \_\_\_\_\_)  
Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street City State ZIP  
Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Would you like to receive information about classes by e-mail?  Yes  No

Work/Other Phone: \_\_\_\_\_ Alt Phone/Fax: \_\_\_\_\_

Do you have a high school diploma or GED?  Yes  No (If no, administrative approval is required for enrollment in some classes)

"This information is used for statistical purposes only and to provide information required by the Federal Government. You are not required to answer these questions to gain admission; however, an answer would be appreciated."

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Ethnic Origin:  (1) White, not Hispanic  (2) Black, not Hispanic  (3) Hispanic  
 (4) Asian/Pacific Islander  (5) American Indian/Alaskan Native  (6) Non-Resident Alien

Liability Release by signature below...

- I hereby release Trinity Valley Community College (the local Independent School District or other cooperating sponsor when applicable) and the instructor from all responsibility in case of an accident.
- I confirm that I received a copy of "Important Information About Bacterial Meningitis" which is required by Texas law to be given to each person enrolling in state supported colleges and universities.
- I agree to abide by all policies as published by TVCC.

Name of Class: \_\_\_\_\_ Date of Class: \_\_\_\_\_

For office use only: Credit Course Rubric \_\_\_\_\_ Course # \_\_\_\_\_ Section number: \_\_\_\_\_

Enrollment is complete when tuition is received.

I UNDERSTAND THAT TUITION IS REFUNDABLE ONLY THROUGH 12:00PM (NOON) THE BUSINESS DAY PRIOR TO THE START OF CLASS.

PLEASE READ AND SIGN:

It is the enrolling student's responsibility to: (1) understand and meet any course prerequisites; (2) understand expected course outcomes such as CEUs to be awarded, certifications, licensures, etc. to be awarded; (3) have available supplies and materials needed to participate in the course; (4) students enrolling in courses requiring drug screens understand that they must follow the policy for drug screening; and (5) meet any other expectations for successful course completion. This information is available in the current TVCC Continuing & Workforce Education Class Schedule. Refunds or course changes after the course has begun cannot be made by students for failure to understand these items. See the refund policy.

Additional Information for "Learning for Living Academy" non-credit classes only:

1) Enrollment is on a space-available basis with TVCC approval. Students may be "bumped" by students enrolled in the class for credit. 2) Students should not open textbooks or software until they know that they will not be "bumped" from the class. Opened items are not eligible for a full refund from the bookstore. 3) LEARNING FOR LIVING COURSES CANNOT BE CONVERTED TO CREDIT HOURS. STUDENTS WISHING TO RECEIVE SEMESTER CREDIT HOURS SHOULD REGISTER AS A CREDIT STUDENT.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Signature of parent/ legal guardian is required for students under 18

Please tell us how you heard about this class.  
(Newspaper Ad, Mail/Flyer, Friend, etc...)

\_\_\_\_\_

When registering by mail, return this completed form and tuition to:  
TVCC - Continuing & Workforce Education  
100 Cardinal Drive  
Athens, TX 75751  
Phone: 903-675-6212 Fax: 903-675-6388 email: conted@tvcc.edu  
Make Your Check Payable to TVCC

TVCC is an affirmative action/equal opportunity institution which provides educational and employment opportunities on the basis of merit and without discrimination or harassment because of race, color, religion, sex, national origin, age or disability.

Trinity Valley Community College

\*\*One Time ONLY Authorization\*\*

for Debit/Credit Card Payment

I, \_\_\_\_\_,  
authorize TVCC to charge my: (check one)

\_\_\_\_\_ MasterCard

\_\_\_\_\_ Visa

\_\_\_\_\_ Discover

on the following card number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Exp. Date (\_\_\_\_\_/\_\_\_\_\_),

for the following amount \$\_\_\_\_\_.

Student's name: \_\_\_\_\_

Student's TVIN #: \_\_\_\_\_

Semester/Year: \_\_\_\_\_ Purpose: \_\_\_\_\_

Print cardholder's name:

\_\_\_\_\_

Cardholder's signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_

Date of birth of cardholder: \_\_\_\_\_

Cardholder's billing address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_