

Registration Form

North Harris College
2700 W.W. Thorne Drive
Houston, Texas 77073-3499

Kingwood College
2000 Kingwood Drive
Kingwood, Texas 77339-3801

Tomball College
30555 Tomball Parkway
Tomball, Texas 77375-4036

Montgomery College
3200 College Park Dr.
Conroe, Texas 77384

Cy-Fair College
Opening
Fall 2003

Program (Check All That Apply)

_____ Continuing Education _____ Corporate Training

I Plan To Attend

Fall _____ YR Spring _____ YR Summer _____ YR

Birthdate

Mo Day Yr

Gender

_____ M Male
_____ F Female

Social Security Number _____

Complete Legal Name

Last _____ First _____ Middle _____

Other Last Name(s) _____

Current Address

Street _____ Apt. # _____

County _____ City _____ State _____ Zip _____

Subdivision _____

Mailing Address (If Different)

Street _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____

Business Phone _____

E-mail Address _____

I live in the following independent school district (please circle):

Aldine (11) Houston (23) Montgomery (28) Spring (14)
Cleveland (2D) Humble (12) New Caney (13) Tomball (15)
Conroe (16) Klein (17) Splendora (1C) Willis (1A)
Cypress-Fairbanks (18) Magnolia (19) Other (29) _____

Ethnicity/Race (please circle):

White, Non-Hispanic Black, Non-Hispanic Hispanic
Asian/Pacific Islander American indian/Alaskan Native

North Harris College is committed to the principle of equal opportunity in education and employment. The college does not discriminate against individuals on the basis of race, color, gender, religion, disability, age, veteran status, nationality or ethnicity in the administration of its educational policies, admissions policies, employment policies, scholarship and loan programs, and other college administered programs and activities

REFUND POLICY

A 100% refund is provided if the college must cancel a course or if a drop/add form is completed by the student by phone or in person at the Admissions/Registration office before a course begins.

For CE Office Use Only

Amount \$ _____

CASH _____

Check _____

Adjustments _____

Initials _____

Date _____

SIGN UP FOR CONTINUING EDUCATION CLASSES BELOW

Registration #	Course Number	Course Name	Location of Course	Starting Date/Time	Fee

Make checks payable to NHMCCD.

Refund Policy in CE Schedule.

CE TOTAL FEE \$ _____

Charge to my ☐ Visa ☐ MasterCard ☐ Discover Card ☐ American Express

Card # _____ Expiration Date _____ Authorized Signature _____