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NORTH HARRIS COLLEGE
A NORTH HARRIS MONTGOMERY COMMUNITY COLLEGE
CORPORATE AND CONTINUING EDUCATION

Registration Form

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

Kingwood College
20000 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
9191 Barker Cypress Rd
Cypress, TX 77433-1214

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 _____

Financial Aid (please circle):
Career Start Qualified | WIA Qualified | Chapter 31 (VA)
TPEG Qualified | Hazelwood Qualified | Company Sponsorship | TRC Qualified

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 a Schedule Change 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. CE TOTAL FEE $ _____

Charge to my ❑ Visa ❑ MasterCard ❑ Discover Card ❑ American Express
Card # _____ Expiration Date _____ Authorized Signature _____