



101 Baldwin Blvd.
Corpus Christi, TX 78404-3897

Continuing Education Registration Form

Del Mar College does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, or any other constitutionally impermissible reason.

FOR OFFICE USE
Date _____ Initials _____

Student Information

Name: _____ **Email Address:** _____
 Last First Middle

Other Names: _____

Mailing Address: _____
 Number/Street Apt.# City State Zip County

Phone: _____ **SSN or Colleague ID:** _____
 Home Cell Business

Gender: Male Female **Birthdate:** _____

I certify that I have read and understand Important Facts about Bacterial Meningitis. Yes No
 (Information may be obtained at <http://www.delmar.edu/admissions/meningitis.php>)

How did you hear about Del Mar?
 ___Newspaper ___Brochure ___Email ___Class Schedule ___Direct Mail ___Website ___Channel 19/DMC-TV

Are you a resident of Texas? Yes No **If no, what state?** _____

Del Mar College will use the following data for federal and/or state law reporting purposes. Your completed responses are voluntary and the information will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

Are you Hispanic or Latino? Yes No

Select the racial category or categories with which you most closely identify. Check as many as apply.
 White Black or African-American Asian American Indian or Alaskan Native International Unknown or Not Reported
 Native Hawaiian or Other Pacific Islander

Are you a single parent? Yes No

Do you speak and understand English well? Yes No
 (Answer "No" if English is not your primary language or you consider yourself somewhat limited in the use of English.)

Are you a displaced homemaker? Yes No
 (You have worked without pay to care for the home and family, and for that reason have few marketable skills and are experiencing difficulty in obtaining employment)

Course Information

Term	Course/Section	Title	Location	Start Date/End Date	Times	Days	Fee

Method of Payment (payment must accompany form):
 MasterCard Visa Check Cash

Card Number: _____

Expiration Date: _____

Signature: _____

Fax to: (361) 698-1513

Processed by: _____ **Date:** _____

REFUND POLICY
 Refunds may be made under these conditions:

- A 100% refund will be made automatically if the College exercises its right to cancel a class or if a class is full at the time your registration is received. A class is canceled when there is insufficient enrollment.
- A 100% refund will be honored if requested 24 business hours prior to class beginning.

In order to receive a refund under any condition, you must sign an application for refund at the Business & Registration Services Office, Center for Economic Development Room 104. Refunds are made by check - not in cash. Credit will be issued to the Visa or MasterCard account if registration charges were paid by credit card.