



# COASTAL BEND COLLEGE

## Customized & Continuing Education



PLEASE PRINT LEGIBLY

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M [ ] F [ ] ID#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 County of Residence: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ CELL #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Responses to the following question will be used for affirmative action purposes only

1.	What is your ethnic origin	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Not Reported
2.	Select one or more that apply	<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> International <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown/Not Reported
3.	What is your highest education attainment:	<input type="checkbox"/> HS diploma <input type="checkbox"/> GED <input type="checkbox"/> College hours or degree <input type="checkbox"/> None of these
4.	Are you a single parent with custody of your children:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you an adult who has worked primarily without pay to care for your home and family and for that reason have diminished marketable skills making you either unemployed or underemployed:	<input type="checkbox"/> Yes <input type="checkbox"/> No

COURSE TITLE	RUBRIC	COURSE #	START DATE	INSTRUCTOR
Example: Med-Aide Refresher	NURA	1041	9/23/13	Smith

STATEMENT OF OATH:

I understand that information submitted herein will be used by Coastal Bend College officials as enrollment for the Continuing Education course. I authorize Coastal Bend College to verify the information that I have provided. I agree to notify the proper institution of any changes in the information provided. I certify that the information on this form is complete and correct and understand that the submission of false information is grounds for rejection of my enrollment, withdrawal of my offer of acceptance, cancellation of enrollment, or appropriate disciplinary actions.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, or disability*

CBC #: \_\_\_\_\_-00-\_\_\_\_\_ Registered by: \_\_\_\_\_