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Continuing Education Registration Form

To ensure accuracy, please print in blue or black ink and write legibly.
Please return the CE Registration Form via email to ce@coastalbend.edu

Student Information

Last Name: _____ First name: _____ Middle Name: _____
Other names you have gone by: _____ Gender: []Female []Male
Street Address: _____ City: _____ State: _____ Zip: _____
County: _____ Email Address: _____
Phone: _____ Phone: _____
[] Cell [] Home [] Work [] Cell [] Home [] Work
Social Security Number: _____/_____/_____ Birthdate: _____/_____/_____
High School Currently Attending (If Applicable): _____

Demographic Information

Coastal Bend College will use the following data for Federal and/or State law reporting purposes. Responses are Voluntary and the information will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

- 1. What is your ethnic origin: [] Hispanic or Latino [] Not Hispanic or Latino [] Not Reported
2. Select one or more that apply: [] White [] Black/ African American [] Asian [] American Indian or Alaskan Native [] International [] Native Hawaiian or Other Pacific Islander [] Unknown/ Not Reported
3. What is your highest education attainment? [] High School Diploma [] GED [] College Hours or degree [] None of these
4. Are you a single parent with custody of your children? [] Yes [] No
5. Are you a displaced worker seeking training to reenter the workforce: [] Yes [] No
6. Are you currently employed, seeking additional training for employment growth: [] Yes [] No

Course applying for: _____

Please note: Texas Senate Bill 1107 requires all students entering an institution of higher education, who are under 22 years of age, to demonstrate proof of vaccination against bacterial meningitis or demonstrate they are exempt from receiving the vaccination. Vaccinations must have been received within the previous five (5) years, and no later than 10 days prior to, the first day of the semester in which the student initially enrolls. Please submit your official immunization record to ce@coastalbend.edu. Students will not be able to start classes without the bacterial meningitis

Refunds may be made under the below conditions.

- 1. 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 or for any unforeseen circumstances.
2. A 100% refund will be honored if requested, in writing, within 72 hours of the start date of the class. ce@coastalbend.edu
3. To receive a refund under any other condition/circumstance, you must request a refund, in writing, by emailing us at: ce@coastalbend.edu. Your request will be reviewed, and you will be notified accordingly.

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.

Please review the CBC Title IX Training (January 2022) on
<http://coastalbend.edu/TwoColumnLeft.aspx?pageid=17208&terms=title%209>.

I understand that by signing this form, I am acknowledging my rights and responsibilities under Title IX and agreeing to comply with the college's policies and procedures related to sex-based discrimination.

Signature: _____ Date: _____