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# CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT CENTER

## APPLICATION / REGISTRATION FORM

### STUDENT INFORMATION

Galveston College Student ID	Social Security Number	Date of Birth									
Last Name			First Name			Middle Initial					
Current Address (Street) (City) (State) (Zip)						Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work ( )					
Email Address						Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work ( )					
Educational Intent			<input type="checkbox"/> Earn a Degree (2 year) <input type="checkbox"/> Earn a Certificate (less than 2 years)			<input type="checkbox"/> Earn Credits for Transfer <input type="checkbox"/> Improve Job Skills			<input type="checkbox"/> Personal Enrichment		

### DEMOGRAPHIC INFORMATION

The following information is used for federal and/or state reporting purposes and to help provide support for our programs. Your answers are completely voluntary and will be kept strictly confidential. Please make ONE selection from each section.

<p><b>PLEASE SELECT ONE:</b></p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Answer	<p><b>PLEASE SELECT ONE:</b></p> <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non-Hispanic / Latino <input type="checkbox"/> Decline to Answer
<p><b>PLEASE SELECT ONE:</b></p> <input type="checkbox"/> Asian <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> International <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Decline to Answer	

### REGISTRATION

Course Name & Number	Days/Time	Start Date	Course Fee

### PAYMENT METHOD

<input type="checkbox"/> Cash		<input type="checkbox"/> Credit / Debit Card (Please select card type below):		
<input type="checkbox"/> Check (made payable to Galveston College)	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card Number _____	Expiration Date _____	V-Code _____		

The information I have provided is complete and correct to the best of my knowledge. I agree to abide by the policies, rules and regulations in the programs to which I am admitted. I authorize the College to verify the information I have provided. I further understand that the information submitted herein will be relied upon by the officials of the College and that the submission of false information is grounds for cancellation of enrollment and/or disciplinary action.

You have my permission to use photos in which I appear for GC publicity.      **(Choose one):**    YES    NO

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date