JOB SKILLS COALITION GRANT

Collin College Continuing Education Registration Form

Complete, Legal Name is required - please print

> **Your Social Security Number will be required when registering for the first time at Collin College.**
>
> **You will then be given an ID number (Collin CWID) to use at Collin College for future registrations.**

Last Name _____   Date of Birth _____/_____/_____

First Name _____

Middle Name _____

Street Address: _____   Home Address [ ] or Work Address [ ] (check one)

City, State, ZIP _____

Home Phone (_____)_____ Work Phone (_____) _____ Cell Phone (_____) _____

Email address: _____ (This is the email address where we will send your ID number)

Course Information   Class Start Date: _____

Course Title _____   **CRN#**_____

The following information is requested for internal, state, federal reports and funding. All information will be held in strictest confidence.

Do you have a disability or other condition? **[ ] Yes   [ ] No**

What is your ethnic identification?

[ ] Black, not of Hispanic Origin   [ ] American Indian/Alaskan Native   [ ] Hispanic

[ ] Asian / Pacific Islander   [ ] White, not of Hispanic Origin   [ ] Other

Student Signature _____   Date _____

Center of Workforce & Economic Development of Collin College Courtyard Center, 4800 Preston Park Boulevard Plano, Texas 75093 972-559-3130 www.collin.edu/cwed

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