

Registration Form

Email completed Registration Form to NCTC Continuing Education at ACE@nctc.edu

Payment can be made in person or by phone: North Central Texas College Business Office at (940) 668-4200 or (972) 899-8400.

*Payment is due at the time of enrollment. Students can be dropped prior to class due to non-payment. Once classes begin, students are still responsible for the balance even if they cannot attend. Students may be subject to a business hold due to non-payment. Drops must be requested 3 days before class start date.

Please print clearly on the top line.

Last Name	First Name					Middle Initial				
Mailing Address				City		State		Zip Code		
() () Home Cell/Ma						•••••••	Il phone number, you are opting into ges from NCTC*			
/ / Date of Birth County			Gender		Email		 Social Security			
DEMOGRAPHIC DAT	FA: Used b	y the S	tate of	Texas to help pro	ovide suppor	t for our programs.	Your cooperatio	n is appreciat	ed.	
ETHNICITY	1		ADD	DITIONAL INFORM	IATION TO B	ETTER SERVE YOU	HOW DID YOU	HEAR ABOU	THIS COURSE?	
 Please select the racial category with which you most closely identify: American Indian/Alaskan Native Asian Black or African American Hispanic Multiracial Native Hawaiian or Pacific Islander 			 Limited English Primary Language Spoken Country of Origin What is your preferred method of contact? Email Phone Call 			 Facebook Family/Friend Newspaper Ad NCTC Employee Schedule Twitter Workforce Center Website 				
White			Text stering for certificate programs must register into all class				Other			
REGISTRATION										
Name of Course		Start Date		Course Prefix	Course #	Campus	Tuition	OFFICE USE		
Beginning Computers		10/25		COM 1000	0101	Gainesville	\$ 139	Section	Term Code	

REFUND INFORMATION

• A 100% refund is to be made for courses/programs cancelled by the college.

• A 100% refund is to be made for courses when the Course Drop is received three or more business days prior to the first day of class.

How to Drop

• Students must submit the request to drop the course(s) in writing to <u>ace@nctc.edu</u> three days prior to first class day.

OFFICE USE									
Registration Processed	Charges Match Schedule Total	Scholarship documentation attached	Student ID#						
Staff Signature:		Date:							

I certify that the information I provided on this form is accurate and complete and acknowledge that payment is due upon registration.

Student Signature: ___