



Continuing and Professional Education
SOUTH TEXAS COLLEGE

REGISTRATION FORM

Last Name		First Name		MI
Date of Birth	Social Security Number		<input type="checkbox"/> Female	<input type="checkbox"/> Male
Mailing Address		City	State	Zip Code
Email Address		Phone Number	Alt. Phone Number	

CRN	Course Name	Course #						Section #	Cost
Total Payment								\$	

LIST OTHER CLASSES YOU WOULD LIKE TO TAKE WHICH ARE NOT LISTED ON THE SCHEDULE

_____ _____
 _____ _____

PLEASE CHECK ONE: (for State Reporting Purposes)

Ethnicity/Race:

Asian American Indian/Alaskan Native Black/African American
 Hispanic/Latino Native Hawaiian/Pacific Islander White Other

METHOD OF REGISTRATION AND PAYMENT

WALK-IN BY TELEPHONE BY MAIL
Credit card only by calling the location of your choice *Complete the registration form and mail to: South Texas College Continuing and Professional Education 3201 W. Pecan Blvd., McAllen, TX 78501*

_____ Money Order
 _____ Personal Check: Please provide Driver's License No: _____ State _____
 _____ Credit Card: Please charge to _____ VISA _____ Master Card _____ Discover
 Card Number: _____ Expiration Date: _____ 3 digits: _____

EDUCATIONAL DATA

GED HIGH SCHOOL DIPLOMA OTHER _____

REFUND POLICY

100 percent prior to or on the business day before the first class day. No refunds on the first class day or after. 100 percent if class is canceled by STC.

SIGNATURE: _____ DATE: _____

Each course will be taught as listed, provided enrollment in each section justifies the offering. The schedule of time and room reflects our intent at the time of publication. **Course offerings and prices are subject to change, and the listing is not a guarantee that they will be offered exactly as listed.**