

THE INSTITUTE FOR ADVANCED MANUFACTURING

## **REGISTRATION FORM**

**Technology Campus** 

The Institute for Advanced Manufacturing - 3700 W. Military Highway, McAllen, TX 78503

Office: 956-872-6197 Fax: 956-872-6198

PLEASE PRINT CLEARLY			A	#:	
Social Security Number	Last Name	First Name	Middle Name	Company	
Date of Birth Date of Hire	Primary Phone/Business Phone/Email			Job Title	
MM/DD/YEAR MM/DD/YEAR					
Mailing Address	Apt #	City		Zip Code	
Course Name	Subject/Number Section Cost		Course Ref#		
METHOD OF PAYMENT: Make Check	k or MO pavable to South	Texas College			
Contract Training (MOU)		_	Fund Name:		
GRANT FUNDED TRAINING REQU			ourly Wage:		
All wage information is kept confident	tial				
		Do you ha	we children under the ag	<mark>ge of 18?</mark> Yes No	0
			Veteran of the Armed H		
		Do you ha	we Employer Medical E	Benefits? Yes No	0
$\square_{1-5} \square_{6-8} \square_{9-11} \square_{\text{HIGH}}$ Other	SCHOOL DIPLOMA	GED Some Colleg	ge □ 1 Yr. □ 2 Yrs.	$\square$ 3 Yrs. $\square$ 4 Yrs. $\square$ 4Y	rs.+
	PLEASE NOTE—C	LASS CANCELLATIO	N POLICY:		
South Texas College reserves to become necessary, and to do so without in Every effort will be made to telephone th hours before class starts Initianity of the second starts Initianity of the second starts.	ncurring obligation. The C e student before the first da	ollege may discontinue a c	class at any time if attend	ance fails to meet expected le	evels.
I certify that the information of of my registration form and/or cancellation	-			nformation is grounds for reject	ction
The Student/Trainee will be re authorize STC to report credit hours to ot			les and regulations appli	cable to any courses registere	ed. I
Please be advised, students wh must call before the first day of class. Stu provide high quality services.					
DATE:		SIGNATURE:			
Statement of Equal Opportunity					
No person shall be excluded from parti or conducted by South Texas College of					red