

CONTINUING EDUCATION REGISTRATION FORM

Last Name: _____ First Name: _____ Middle Name: _____

Other names you have gone by: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Date of Birth: _____ SSN or Student ID: _____ Gender: ☐ Male ☐ Female

Primary Email: _____ Secondary Email: _____

How did you hear about Del Mar College Continuing Education courses? ☐ Newspaper ☐ Brochure ☐ Email ☐ Class
Schedule ☐ Direct Mail ☐ Website ☐ DMC-TV ☐ Other****Del Mar College will use the following data for federal and/or state law reporting purposes. Your completed responses are voluntary, and the information will be used in a nondiscriminatory manner consistent with applicable civil rights laws.***

1. Are you Hispanic or Latino? ☐ Yes ☐ No
2. Select the racial category with which you most closely identify (check as many as apply): ☐ White ☐ Black or African American
☐ Asian ☐ American Indian or Alaskan Native ☐ International ☐ Unknown ☐ Native Hawaiian or Other Pacific Islander
3. Are you a single parent? ☐ Yes ☐ No
4. Do you speak and understand English well? Answer "No" if English is not your primary language or you consider yourself somewhat limited in the use of English. ☐ Yes ☐ No
5. Are you a displaced homemaker? Example: You have worked without pay to care for the home and family, and for that reason have few marketable skills and are experiencing difficulty in obtaining employment. ☐ Yes ☐ No
6. Are you a resident of Texas? ☐ Yes ☐ No If no, what state? _____

Please enter your selected Continuing Education course information below.

Course Title	Class Date(s)	Class Time(s)
_____	_____	_____
_____	_____	_____

Refunds may be made under the below conditions.

1. A 100% refund will be made automatically if the College exercises its right to cancel a class or if a class is full at the time your registration is received. A class is cancelled when there is insufficient enrollment.
2. A 100% refund will be honored if requested 24 business hours prior to class beginning.
3. To receive a refund under any condition, you must sign an application for refund at the Business & Registration Services Office, Center for Economic Development Room 104. Refunds are made by check, not in cash. Credit will be issued to the Visa or MasterCard account if registration charges were paid by credit card.

Method of Payment (*Payment Must Accompany Form*): ☐ Cash ☐ Check ☐ MasterCard ☐ Visa ☐ Other

Card Number: _____ Expiration Date: _____ CVV Code: _____

Print Cardholder Name: _____ Signature of Cardholder: _____

For Office Use Only. Processed By: _____ Date: _____