



Concurrent Enrollment Course **Registration** Form

Please provide ALL of the information below. Print clearly.

FALL SPRING SUMMER YEAR: 20____ Check ONE semester only.

High School _____

Social Security Number _____

Anticipated date of High School graduation _____

Have you taken a TC3 course before? Yes No

Name _____
(Last) (First) (M.I.)

Date of Birth (Month/Date/Year) _____ Gender: Male Female

Street Address/P.O. Box _____

City/State/Zip _____ County of Residence _____

E-mail Address _____

(Please note: Your e-mail address will be used only to contact you with College information)

Student's Phone Number _____

Parent/Guardian Name _____
(Last) (First) (M.I.)

Parent/Guardian Phone Number _____

Citizenship Information:

- U.S. Citizen
 Permanent Resident – Country of citizenship _____

Not a U.S. Citizen – Country of citizenship _____

Visa Type _____

Are you Hispanic/Latino? _____ Yes _____ No

If yes, check only ONE of the following:

1. Central American
 2. Dominican
 3. Mexican
 4. Puerto Rican
 5. South American
 6. Other Hispanic/Latino

Please indicate your race (select one or more):

1. American Indian or Alaskan Native
 2. Asian
 3. Black/African American
 4. Native Hawaiian or Other Pacific Islander
 5. White

Course Number/Title	Office Use Code	School Number	Office Use Only	Credits
sample: ENGL 101 - Academic Writing II	D	15		3
	D			
	D			
	D			
	D			

I give TC3 permission to release my grade(s) for the above course(s) to my high school: Yes No

Total Credits _____

I agree to abide by all campus/college rules and regulations that are in effect.

Student Signature _____
Date _____

High School Instructor Signature _____
Date _____

Note: You must provide your notarized Application for Certificate of Residency and necessary proof of residence with this registration form.