



ADULT CAREER DEVELOPMENT ENROLLMENT FORM

Name: _____
First MI Last

SS#: _____ Gender: Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Bus Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Date of Birth: _____ E-Mail: _____
Mo Day Year

RACE:

This information is used for statistical reporting purposes only.

- (AN) American/Alaska Native
- (AS) Asian
- (BL) Black or African American
- (HP) Hawaiian Pacific Islander
- (WH) White

ETHNIC:

- (HIS) Hispanic/Latino
- (NHS) Non-Hispanic/Latino

MILITARY STATUS:
<input type="checkbox"/> None
<input type="checkbox"/> Active
<input type="checkbox"/> Reserve
<input type="checkbox"/> Veteran

EDUCATIONAL LEVEL:

- Less than a High School Diploma
- High School Graduate/GED
- Some College
- Technical Diploma/Technology Education
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Other _____

Current Occupation or Department: _____

Course Title	Term	Course#	Sec#	Campus	Date	Time	Day(s)	Tuition	Fees
From Buddy to Boss: A Leadership Seminar	<i>Fall</i>	<i>CLEET-3335</i>		<i>CSC (Lemley Memorial Campus)</i>	<i>9/28 - 9/30</i>	<i>8A-5P</i>	<i>M T W</i>	<i>\$195</i>	<i>\$00</i>

PAYMENT INFORMATION

- Check Discover MasterCard Visa

Name (Cardholder Name): _____

Address: _____ City: _____ Zip: _____

Card #: _____ Expiration Date: _____

Complete the box below if EMPLOYER is PAYING for tuition, course fees, and/or books. PO# _____

EMPLOYMENT INFORMATION/EMPLOYER PAYEE		
Company Name:		
Address:		
City:	State:	Zip:
Contact Person:	Title:	Phone:

Bill Company (Letter of authorization must accompany this form)