

Kilgore College Course Registration Form for Continuing Education
KILGORE COLLEGE RISK MANAGEMENT INSTITUTE WORKFORCE
DEVELOPMENT
REGISTRATION FORM

Date: _____ Student ID#: _____
 (Assigned by Kilgore College)

SS#: _____ - _____ - _____ *In order to help us protect your Social Security number, the college computer system will convert your SS# into your student ID# for your record.*

Name: _____
 (Last Name) (First Name) (Middle Initial)

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: (____) _____ - _____ Business or Cell Phone: (____) _____ - _____

Company Name: _____ Job Title: _____

Country of Citizenship: _____ Email: _____

Gender: ___ Male ___ Female Date of Birth: ____/____/____

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

1. Are you Hispanic or Latino? (Are you a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race?)
 ___ Yes ___ No
2. Please select the racial or other category or categories with which you most closely identify. Check as many as apply:
 ___ White
 ___ Black or African American
 ___ Asian
 ___ American Indian or Alaska Native
 ___ International or Non-Resident
 ___ Native Hawaiian or Other Pacific Islander
3. May we Contact you about other classes: ___ Yes ___ No
4. How did you hear of this class (check all that apply)?
 ___ printed brochure; ___ e-mail; ___ newspaper; ___ word-of-mouth; ___ mailing;
 ___ business expo or job fair; ___ attended previous Risk Management Institute class

Course Name	Date of Course	Time of Course
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