



3110 Mustang Rd. • Alvin, TX 77511  
 Phone (281)756-3787 • Fax (281)756-3952  
 www.alvincollege.edu

Please print (FULL LEGAL NAME): \_\_\_\_\_

TDL # \_\_\_\_\_

\_\_\_\_\_  
 Last First MI Former Last Name E-Mail Address

\_\_\_\_\_  
 Mailing Address Apt. # City State Zip

\_\_\_\_\_  
 Home Phone Work Phone Cell Phone Social Security # / Student ID # (Optional) Birth Date

\_\_\_\_\_  
 Emergency Contact Relation Phone

**Please provide the following information if this is your first course through Continuing Education (voluntary for federal/state reporting):**

**What is your ethnicity/gender?**  White, Non-Hispanic  Black, Non- Hispanic  Hispanic  Asian/Pacific Islander  American Indian/Alaskan Native  
 Male  Female

**Which independent school district do you live in?**  Alvin ISD  Pearland ISD  Other: \_\_\_\_\_

**Do you need reasonable accommodations to attend?**  Yes  No **Do you have a high school diploma or GED?**  Yes  No

Are you a Veteran?  Yes  No How did you hear about this class? \_\_\_\_\_

<b>ENROLLED IN:</b>					
Course Number	Course Name	Location	Starting Date/Time	Tuition	Fees
<b>TOTAL</b>					

**REFUND POLICY**  
 A student must submit a written withdrawal request from a CE course up to **5 working days prior to the class start date** and receive a refund, less a \$20 cancellation fee per class. **NO REFUNDS AFTER THAT DATE.** If ACC cancels a course, 100% of your payment is refunded. Credit overlay courses will be refunded per credit guidelines. Allow 2-3 weeks for refund checks to be mailed.

I have read and understand the REFUND POLICY & payment requested on this form. I understand my class schedule and that I may be required to purchase textbooks and/or supplies, and a temporary parking permit for the ACC campus. Parking Permits are obtained from the Campus Police office. **Initial:** \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

ACC is committed to the principle of equal opportunity in education and employment. The college does not discriminate against individuals on the basis of race, color, gender, religion, disability, age, veteran status, nationality or ethnicity in the administration of its educational policies, admissions policies, employment policies, scholarship and loan programs, and other college administered programs and activities.

**CEWD Staff Use Only**

**FINANCIAL AIDE:**  TPEG \$ \_\_\_\_\_  GRANT \$ \_\_\_\_\_  SCHOLARSHIP \$ \_\_\_\_\_

**STUDENT INFO:** STUDENT ID # \_\_\_\_\_ CASHIER TRANSFERRED TO: \_\_\_\_\_

QUARTER(S): \_\_\_\_\_ AMOUNT OWED BY STUDENT: \_\_\_\_\_

INFORMED STUDENT TO UPDATE ADDRESS/PHONE NUMBERS/EMAIL/OTHER AT THE ESC

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Company/Agency Name \_\_\_\_\_ Contact Person \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ TX \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_