

REGISTRATION IN NON-CREDIT CONTINUING EDUCATION PROGRAM

The information requested on this form is needed to comply with state and federal government reporting requirements and does not effect your enrollment or your admission to Ranger College. Please complete all requested information on this form. Return or mail your completed form to the Ranger College location you will be attending. Complete mailing information on back of form.

COLLEGE LOCATIONS

Circle the location you plan on attending or the location responsible for your registration:

Ranger College 1100 College Circle Ranger, TX 76470	Ranger College - Brown County 300 Early Blvd., Suite 105 Early, TX 76802	Ranger College - Erath County 1835 W. Lingleville Rd. Stephenville, TX 76401
---	--	--

CLASS INFORMATION

Course Title:	Rubric:	Course No.:	CIP Code:
Day(s) of the Week:	Class Time:	Class Begin Date:	Class End Date:
Class Location:	Ranger College	Instructor's Name:	

STUDENT INFORMATION

Social Security Number:							D.O.B.	MONTH	DAY	YEAR	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
Home Phone:				Cell Phone:				Other Contact Phone No.:				
Student Name:	LAST			FIRST			MIDDLE					
Address:	STREET ADDRESS			CITY			STATE	ZIP CODE	COUNTY			

NOTE: The information below this note is not required. Response to these questions will be used in a non-discriminatory manner consistent with applicable civil rights laws. Your records will remain confidential.

RANGER COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, RELIGION, AGE, OR DISABILITY IN ADMISSIONS, EMPLOYMENT, AND/OR PROGRAM POLICIES.

ETHNICITY

<input type="checkbox"/> Black Non-Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> Native American/Alaskan American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic
---	--------------------------------	---	---	-----------------------------------

SPECIAL NEEDS

<input type="checkbox"/> Handicapped	<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Disadvantaged	<input type="checkbox"/> Single Parent/Homemaker	<input type="checkbox"/> Sex Bias Stereotype
--------------------------------------	--	--	--	--

I authorize DO NOT authorize the school officials of Ranger College to release information in regards to attendance, grades, etc. in this course as may be required by prospective employers, agencies under whose sponsorship I am attending this class, professional organizations and/or other.

I certify that the information provided by me in this document is true and correct. I understand that any false statements or omissions may be grounds for dismissal from or continued enrollment at Ranger College.

Applicant/Student Signature: _____

Date: _____

BELOW IS FOR OFFICE USE ONLY

PAYMENT INFORMATION

Date of Payment	Amount of Fee	Amount of Payment	Method of Payment
-----------------	---------------	-------------------	-------------------

Received By:			

Please email the form to:

ContinuingEd@rangercollege.edu