



# Odessa College Continuing Education Form

Note: Some courses require additional documents to fully register. Please call CE for more 432-335-6582.

Submit this form via fax, email or print and bring it with you to our offices.

To submit this form via fax dial: 432-335-6667

Or complete and attach via email to [khernandez@odessa.edu](mailto:khernandez@odessa.edu)

Date: \_\_\_\_\_

Course ID: \_\_\_\_\_

Course Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_

Gender: \_\_\_ MALE \_\_\_\_\_ FEMALE

Preferred Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Non-Odessa College Email Address: \_\_\_\_\_

Check all those that apply (Requested for State Reporting Requirements)

White, Non- Hispanic

Asia

Hispanic

Black, Non-Hispanic

American Indian

Other

For Office Admin Only: Course \_\_\_\_\_ Notes: \_\_\_\_\_