



Continuing Education Class Registration/Drop Form

Online registration is also available at www.odessa.edu/ce/.

Deliver Form in Person or Mail: Odessa College, CE Office, 201 W. University Blvd., Odessa, TX 79764

Deliver by FAX: (432) 335-6667

Last Name First Name (Legal Name Only) MI Soc. Sec. No. or OC Student ID*

Date of Birth Home/Cell Phone Bus. Phone Email (one that is frequently checked)

Mailing Address City State Zip
Circle one: Male Female

Emergency Contact Relationship Phone

Company Name (for Company Contract Classes) Address Phone

*Odessa College uses the Social Security Number to comply with state reporting requirements.

DEMOGRAPHIC DATA: Used by the state to help provide support for our programs. Your cooperation is appreciated.

Are you Hispanic or Latino? [] Yes [] No
Additional Information (choose all that apply)
Select one or more races:
[] Academically disadvantaged
[] Economically disadvantaged
[] American/Alaska Native
[] Limited English [] Single Parent
[] Black or African American
[] Displaced Homemaker
[] Hawaiian or Pacific Islander
[] Disabled (Describe) _____
[] White [] Asian

REGISTRATION

Table with 5 columns: Add, Drop, Course Title, Section Number, Start Date

PAYMENT/REFUND POLICY

Payment must be made at the Wrangler Express Center in the Saulsbury Campus Center by cash, check or credit card.

Refund Policy For classes/programs cancelled by the college: 100 percent. For withdrawals: 100 percent if Drop Form is received up to three or more business days prior to class start. Additionally, for classes/programs meeting 65 hours or more: 75 percent if Drop Form is received less than three business days prior to class start and prior to the 3rd class meeting. No refunds thereafter. Students may withdraw from a class by completing and signing the Drop portion of this form and delivering it to the CE Office in person, by email, or by FAX.

I certify that the information I have given on this form is accurate and complete. I understand all health careers policies and guidelines for registration.

Student Signature _____

Date _____