

Continuing Education Registration Form

Course Information is available online at www.odessa.edu.

Office Located in Gregory D. Williams Hall, 2714 Robertson, Odessa, TX 79764

Phone: 432-335-6580 Fax: (432) 335-6667

Last Name First Name (Legal Name Only) MI Soc. Sec. No. or OC Student ID*
Circle one: Male Female

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

Mailing Address City State Zip

Emergency Contact Relationship Phone

REGISTRATION

Class/ Clinical	Course Title	Section Number	Start Date

*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

Select one or more races:

- ☐ American/Alaska Native
☐ Black or African American
☐ Hawaiian or Pacific Islander
☐ White ☐ Asian

Additional Information (choose all that apply)

- ☐ Academically disadvantaged
☐ Economically disadvantaged
☐ Limited English ☐ Single Parent
☐ Displaced Homemaker
☐ Disabled (Describe) _____

DOWN PAYMENT/REFUND POLICY

Non-refundable down payment may be required for your program and are program specific. The down payment will be refundable if you withdraw from the program prior to the first class day. No refund for the down payment will be issued on and after the first class day.

Classes will be prorated per program by weeks up to 25% completion of the program to determine what is owed and what will be refunded.

Certificates/Licenses will not be released to the student until unpaid balances are paid in full.

Once a student has exceeded 25% completion of the program, the student is responsible for the full tuition of the program.

If the program includes student equipment, tools, and gear, the student is responsible for the cost of these items to the college in addition to the tuition owed based on the number of weeks attended up to the 25% completion.

Under extenuating circumstances, a committee may review a student's request upon student appeal.

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

Student Signature _____

Date _____