Outreach Student Registration Form

			Semester:	Year:	
STUDENT INFORMATION (Please print	and check ALL that apply	<i>'</i>)			
New Student Returning Student (date last attended)		Transfer Student			
Male Female High School	ol Graduation Date				
Date of Birth:	Age:	24 or under	25-49	_ over 49	
Last First	rst Middle		Maiden	Social Security	· #
Home Address Are you a legal resident of Kansas? County in which you reside: Home Phone: () Email (preferred):		cy state	State	_	Zip
ADDITIONAL INFORMATION					
Degree Held: High School GED Ethnic Background: (Optional, for reporting p African American/Black Asian/Paci	purposes only—select one or n	more races) Are you	Hispanic? Yes	No	er/Unknown
COURSE SELECTION					
Course ID Co	ourse Title		Instructor	Location	Cr. Hrs
<u>.</u>		•		Total Hrs:	
PAYMENT INFORMATION (Payment Check #		nt will be processed)			
Credit Card Circle One: Visa MasterCard Card number	d Discover Amex	piration Date	Amount to be charged:	\$	
FACTS Agreement #	Amount of FACTS Agreement k online tools; select FACTS e-				

An Equal Employment/Educational Opportunity Agency

Colby Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities, and employment.

The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Vice President of Student Affairs, Title IX and ADA Coordinator Colby Community College, 1255 South Range, Colby , KS 66701 785-460-5490