



THE INSTITUTE FOR ADVANCED MANUFACTURING

Mid-Valley Campus  
400 N. Border Ave  
Weslaco, TX 78596  
956.447.6686

Starr County  
142 FM 3167, Bldg D  
Rio Grande, TX 78582  
956.488.6974

Technology Center  
3700 W. Military Hwy.  
McAllen, TX 78503  
956.872.2753

PLEASE PRINT:

**CONTINUING EDUCATION REGISTRATION FORM**

Social Security Number/ID#				Last Name, First Name, MI				Company Name					
Date of Birth		Date of Hire		Home Phone / Business Phone/E-mail				Job Title					
Mailing Address						Apt #		City		Zip Code			

Course Name/Title	Subject/Number	Section	Cost	Course Ref #
			0	
			0	
			0	
			0	
			0	

**METHOD OF PAYMENT:** Make Check or MO payable to STC

**TOTAL \$** \_\_\_\_\_

WALK-IN                     
  BY TELEPHONE                     
  BY FAX

Money Order  
 Memorandum of Understanding (MOU)  
 Cash  
 Personal Check: Please provide Driver's License No: \_\_\_\_\_ State \_\_\_\_\_  
 Credit Card: Please charge to:   
  VISA                     
  Master Card                     
  Discover  
 Card Number: \_\_\_\_\_ 3 digits: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Print Cardholder's Name                     
 \_\_\_\_\_ Authorized Signature

**EDUCATIONAL DATA:**

GED   
  HIGH SCHOOL DIPLOMA   
  OTHER \_\_\_\_\_

**GRANT-FUNDED TRAINING ONLY:**

Funding Source: \_\_\_\_\_ Account Number: \_\_\_\_\_

**PLEASE NOTE—CLASS CANCELLATION POLICY:**

South Texas College reserves the right to cancel, combine, or divide classes, to change the time, date, or place of course offerings which may become necessary, and to do so without incurring obligation. The College may discontinue a class at any time if attendance fails to meet expected levels. Every effort will be made to telephone the student before the first day of a course that is being canceled. A 100% refund is given if student withdraws 24 hours before class starts. Any inquires on courses we offer are welcome. For more information, call your local workforce center (Technology-McAllen, Mid-Valley-Weslaco and Starr County-Rio Grande City). \_\_\_\_\_ **Initials**

I certify that the information on this form is complete and correct and I understand that submission of false information is grounds for rejection of my registration form and/or cancellation of enrollment and maybe required to pay all course tuition and/or fees.

The Student/Trainee will be responsible for obtaining any local, state, or federal rules and regulations applicable to any courses registered. I authorize STC to report credit hours to other institutions and state agencies.

**BACTERIAL MENINGITIS ACKNOWLEDGEMENT**

I acknowledge that I have read the Bacterial Meningitis information provided by the College.

**DATE:** \_\_\_\_\_                     
 **SIGNATURE:** \_\_\_\_\_

**Statement of Equal Opportunity**

No person shall be excluded from participation in denied the benefits of or be subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status, or disability.



# Student Information

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

1.) Current Position and Hourly Wage:

Position: \_\_\_\_\_ Current Hourly Wage: \$ \_\_\_\_\_

2.) Company Date of Hire: \_\_\_\_\_

3.) Do you have any children under the age of 18      Y or N

4.) Participant Veteran Status      Y or N

5.) Do you have any Employee Health Benefits      Y or N