CONTINUING EDUCATION

Registration Form

Triton College

SCE SCHOOL OF CONTINUING EDUCATION

Please print.

Social Security number _____

Name _____
last first middle

Address _____

City _____ State _____ ZIP _____

Telephone _____
home work/alternative

Email _____

Birthdate _____

Signature _____

For Visa, MasterCard or American Express payment only:
(circle one)

_____
Credit card number

_____
Expiration date Total amount of tuition

_____
Signature of cardholder

COURSE NO.	SECT.	COURSE TITLE	LOCATION	DAY	TIME	ROOM	TUITION
/							
/							
/							
						Fee	
						Total	

Student Intent: (check one)

- ❏ 1. To prepare for a new or first career
- ❏ 2. To improve present skills
- ❏ 3. To explore courses to decide on a career
- ❏ 4. To prepare for transfer to a four-year college
- ❏ 5. To remedy basic skill deficiencies
- ❏ 6. To pursue noncareer, personal interests, school diploma equivalence
- ❏ 7. Other

Current Employment Status: (check one)

- ❏ 1. Employed full time
- ❏ 2. Employed part time, more than 15 hours/week
- ❏ 3. Employed part time, less than 15 hours/week
- ❏ 4. Homemaker
- ❏ 5. Unemployed
- ❏ 6. Other/No response

Legal Sex:

- ❏ Male
- ❏ Female

Gender Identity: (optional)

- ❏ Man
- ❏ Woman
- ❏ Trans-man
- ❏ Trans-woman
- ❏ Non-Binary
- ❏ Gender Nonconforming

Are you from one or more of the following racial groups?:

- ❏ American Indian or Alaska Native
- ❏ Asian
- ❏ Black or African American
- ❏ Native Hawaiian or Other Pacific Islander
- ❏ White
- ❏ Choose not to respond

Ethnic Code: (check one)
Are you Hispanic or Latino?
(OR are you of Spanish origin?)

- ❏ Yes Hispanic or Latino
- ❏ Not Hispanic or Latino

Are you in the United States on a Visa — Nonresident Alien?

- ❏ Yes in the United States on a Visa

Provide Home Country of Origin:

_____

- ❏ Not in the United States on a Visa