

Continuing Education Enrollment Form**F1 Students Only** ☐
(Check this box)**Section A – Personal Data**

Last Name: _____ First Name: _____ MI: _____
HCC Student ID Number: _____ Gender: ☐ Female ☐ Male
Date of Birth (mm/dd/yyyy): ____ / ____ / ____ Email Address: _____
Contact Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Section B – Ethnicity

This data is required for state and federal statistical reporting purposes only. There are certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, students are invited to voluntarily self identify their race or ethnicity. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, data will be aggregated and will not identify any specific individual. This information is required but in no way will be used to evaluate your application.

Are you Hispanic or Latino?

- ☐ No, I am not Hispanic or Latino
☐ Yes, I am Hispanic or Latino

Explain:

- ☐ Central American
☐ Cuban
☐ Mexican American
☐ Mexican
☐ Chicano
☐ Puerto Rican
☐ South American
☐ Other – Hispanic

What is your race? Select one or more:

- ☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ No Response

Citizenship Status: Are you a Us Citizen?

- ☐ Yes
☐ No

Country of Citizenship: _____

Section C – Military**Military Status:** Are you a disabled veteran? ☐ Yes ☐ No Do you receive VA benefits? ☐ Yes ☐ No**Military Affiliations (Select one or more):**

- | | |
|--|--|
| ☐ Current/ former member of the U.S. Armed Forces | ☐ Dependent of a veteran |
| ☐ Current/ former member of the National Guard | ☐ Dependent of a deceased veteran |
| ☐ Current/ former member of the Reserves | ☐ Dependent of a veteran with a combat-related injury |

Section D – Residency**Have you lived in the State of Texas for the last 12 months?** ☐ Yes ☐ No

If, "No" what was your previous state of residence? _____

In what School District do you currently reside?

- | | | |
|---------------------------------|-------------------------------------|---|
| ☐ Houston | ☐ Pasadena | ☐ Cypress-Fairbanks |
| ☐ Pearland | ☐ Katy | ☐ Galena Park |
| ☐ Fort Bend | ☐ Stafford | ☐ Channelview |
| ☐ Alief | ☐ Aldine | ☐ North Forest |
| ☐ Spring | ☐ Spring Branch | ☐ Other: _____ |

In what county do you currently reside?

- | | | |
|---------------------------------|----------------------------------|------------------------------------|
| ☐ Brazoria | ☐ Harris | ☐ Other: _____ |
| ☐ Fort Bend | ☐ Montgomery | |
| ☐ Galveston | ☐ Waller | |

Section E – Enrollment

Course Title	Rubric	Class #	Days/Time	Start Date	Location	Amount
<i>Example: Intro to Accounting</i>	ACNT 1003	10825	T, TH 6:30pm	8/18/25	Gulfton	\$208

Section F – Signature

The information I have provided is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules and regulations at any school to which I am admitted. I authorize the College to verify the information I have provided. I further understand that the information submitted herein will be relied upon by the officials of the College in determining my admission and residency status for tuition purposes and that the submission of false information is grounds for rejection of my application, withdrawal of acceptance, cancellation of enrollment, and/or disciplinary action.

Application Signature: _____ **Date:** _____

Houston City College considers name, address, telephone, date of birth, degrees earned and dates, major field of study, dates of attendance, enrollment status, student classification and name of most recent previous institution attended, number of hours complete and in progress, directory information. This is done in compliance with the Texas Open Records Law.

If you do not want this information released, please check this box. ☐

With few exceptions, state law gives you the right to request, receive and correct information about yourself collected on this form.