Kilgore College Course Registration Form for Continuing Education KILGORE COLLEGE RISK MANAGEMENT INSTITUTE WORKFORCE DEVELOPMENT REGISTRATION FORM

Date:			Student ID#:	(Assigned by K	ilgora Collaga)	
SS#: _	·					
Name:	(Last Name))		(Middle Initial)
Mailin	g Address:					
City:			State:	Zip:	County:	
Home	Phone: ()		Business or 0	Cell Phone: (_)	
Compa	mpany Name: Job Title:					
Countr	ry of Citizenship: _]	Email:			
Gende	r: Male	Female	Date of Birth:	/	/	
guides	, newspapers, and idents and employ ons:	our own college ees. In order to	any, including the federa e/university communities, respond to these requests	to describe the r s, we ask you to c	acial/ethnic ba nswer the follo	ckgrounds of wing two
1.	* 1	ner Spanish cultu	re you a person of Cuban, ire or origin, regardless of		Rican, South o	r Central
2.	many as apply: White Black or A Asian American	frican Americar	n Native	1 which you most	closely identify	y. Check as

- ____ International or Non-Resident
- ____ Native Hawaiian or Other Pacific Islander

3. May we Contact you about other classes: _____ Yes _____ No

- 4. How did you hear of this class (check all that apply)?
 - ____ printed brochure; ____ e-mail; ____ newspaper; ____ word-of-mouth; ____ mailing; ____ business expo or job fair; ____ attended previous Risk Management Institute class

Course Name

Date

Course Name