

Receipt # _____

COLLEGE OF CONTINUING EDUCATION TEXAS SOUTHERN UNIVERSITY

Acct. No. _____

Program _____

3100 Cleburne Avenue
Fairchild Building - Suite 143
Houston, Texas 77004
713-313-7224

APPLICATION FOR ENROLLMENT

Please print all of the required information

Date _____

Student's Name _____
PAST FIRST MIDDLE INITIAL SS NUMBER

Address _____
NUMBER AND STREET NAME CITY STATE ZIP CODE

Parent/Guardian _____ Phone _____ / _____
HOME WORK

Emergency Contact Person _____ Phone _____

How did you hear about the program? _____

Optional Data
Age _____ Sex: Male Female Ethnic Origin _____

School Last Attended _____ Grade Promoted to _____

SCHEDULE

| TIME | MON | TUES | WED | THUR | FRI | SAT | SUN | COURSE |
|------|-----|------|-----|------|-----|-----|-----|--------|
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(FOR OFFICE USE ONLY)

| | Date | Amount | Bal. Due | Check Number/Form of Payment* | Received By |
|--------------|-------|----------|----------|-------------------------------|-------------|
| 1. Fees Paid | _____ | \$ _____ | \$ _____ | _____ | _____ |
| 2. | _____ | \$ _____ | \$ _____ | _____ | _____ |
| 3. | _____ | \$ _____ | \$ _____ | _____ | _____ |

*CASH, MONEY ORDER, CHECK

TOTAL Fees Paid \$ _____

Refund: \$ _____ Date _____
AMOUNT

Reason for Refund: _____

Participant's Name: _____

Signature of Person Requesting Refund: _____

Signature of Staff Person Receiving Request: _____

Date Refund Check issued: _____ Mail In Person Other _____