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Rosemount, Minnesota 55068-2999

Institute for Business and Entrepreneurship  
14200 Cedar Ave  
Apple Valley, MN 55124-8545  
Telephone Number: 952-997-9530  
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## Customized Training Part-Time Student Registration Form

<b>Semester of Registration</b>	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<b>School Year 2005-2006</b>
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Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Yes  No Have you ever taken a class at DCTC? If so, was the class for:  credit?  hour-based?

Yes  No Has your address changed since you took that class?

Yes  No Are you claiming the senior citizen rate? (must be 62 or older; rate is \$20 per credit) Birth

Date \_\_\_\_\_

Yes  No Have you been a resident of the state of Minnesota for the last 12 months?

Male Birth \_\_\_\_\_ **Ethnic Origin:**  White, non-Hispanic  American Indian or Alaskan Native  Non-resident alien  
 Female Date \_\_\_\_\_  Asian or Pacific Islander  Black, non-Hispanic  Hispanic

The information requested in the section is needed for reporting and research purposes only. It will be kept confidential and will not be used as a basis for enrollment or in a discriminatory manner. The information collected will be used for summary reports required by federal and state laws and regulations to support institutional affirmative action. Summary reports do not identify individuals. Completion of this section is voluntary. Refusal to provide any of the requested information will not affect your enrollment. Students with disabilities are encouraged to contact the Supplemental Services Coordinator on campus to arrange appropriate support services.

### **TERMS OF PAYMENT:**

Funding Authorization: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Agent Signature: \_\_\_\_\_

### **COURSE REGISTRATION INFORMATION**

Course #	Course Title	Dates	Costs	Credits/Hours

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Refund Policy:** Students who withdraw by formal notification **on or the day after** the first class session are allowed a full refund; any notification of withdrawal on or the day after the second class session will be charged 50% of the tuition; any withdrawal after the second class session will be charged the full course amount.