

South Plains College

WORKFORCE DEVELOPMENT REGISTRATION FORM

Student ID (Social Security No.) _____ - _____ - _____ SPC ID _____ - _____

Last Name _____ First Name _____ MI _____ Suffix _____ Previous Name _____

Address _____ Home Tel _____

City _____ State _____ Zip Code _____ Work Tel _____

E-Mail Address _____ Mobile Tel _____

How many years have you lived in Texas? _____ Birth Date _____

Gender: Female ___ Male ___ Ethnicity: (1) White, non-Hispanic ___ (2) Black, non-Hispanic ___ (3) Hispanic ___
(4) Asian or Pacific Islander ___ (5) Indian or Alaskan Native ___ (6) International ___ (7) Other ___

County: ___ Bailey (009) ___ Cochran (040) ___ Crosby (054) ___ Dickens (063) ___ Floyd (077) ___ Gaines (083)
___ Garza (085) ___ Hale (095) ___ Hockley (110) ___ Lamb (140) ___ Lubbock (152) ___ Lynn (153)
___ Motley (173) ___ Terry (223) ___ Yoakum (251)
___ Potter (188) ___ Randall (191) ___ Other: (specify) _____

Applicable License/Permit Number (Required of professionals seeking CEU credits for required licenses) _____

For Law Enforcement courses only: Type Commission: ___ Regular Police ___ Reserve ___ Jailer ___ Other (specify) _____

Course Name _____ Course ID _____ Campus _____

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PAYMENT INFORMATION: _____ AMEX _____ Discover _____ Employer/Vendor Sponsored _____
Type of Payment: _____ MasterCard _____ Visa _____ Check or Money Order _____ Cash (Do not mail cash.)

Charge card account number: _____ - _____ - _____ - _____ Exp. Date: ___ / ___ / ___ Amt: _____

3 DIGIT NUMBER ON BACK OF CREDIT CARD _____ **Billing address on credit card statement:** Same as above _____

Different Address _____

I authorize South Plains College to charge the total amount shown above to my credit card, according to card issuer agreement.

Signature: _____ Date: _____

REFUND POLICY: Full refunds are made ONLY if notification to drop the class is made prior to the first class day or if a class is cancelled due to insufficient enrollment or other circumstances. For classes dropped after the starting date, partial refunds may be applicable.

STUDENT SIGNATURE: _____ **DATE:** _____

HOW TO REGISTER: Visit, call, mail or fax this completed form and payment to:
You must register in person for all Allied Health courses requiring immunizations and background checks.

*For **Lubbock** 3201 Avenue Q, Lubbock, TX 79411, PHONE: (806) 716-4906, FAX: (806) 749-7017

*For **Plainview**, 1920 W 24th Street, Plainview, TX 79072, PHONE: (806) 296-9611, ext. 4304 or 4320, FAX: (806) 296-7707

*For **Muleshoe**, 621 West 2nd Street, Muleshoe, Texas 79347, PHONE: (806) 272-3346, FAX: (806) 272-3051

FOR MORE INFORMATION: Visit our website: www.southplainscollege.edu/workforce

