

# Application for Non-Credit Course



Post Office Box 10048 | Montgomery, AL 36108  
(334) 420-4240 | Fax (334) 420-4236 | www.trenholmstate.edu

Date: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Ethnic Origin:  White/Caucasian  Black/African American  Asian/Pacific Islander  Hispanic  
 American Indian/ Alaskan Native  Other  Prefer not to respond

Education Level:  GED  High School Diploma  College Gender:  Male  Female

Name:  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: Day (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

## PERSON TO CONTACT IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## PAYMENT METHOD

Enclosed is a check for \$ \_\_\_\_\_ made payable to **Trenholm State Community College**

Bill Company via P.O. # \_\_\_\_\_ (copy required) Company \_\_\_\_\_

Visa  MasterCard  Discover  WIA Qualified  Cash (Do not mail cash)

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_

Name on Card (please print) \_\_\_\_\_

COURSE TITLE	DATE	FEE

Total: \$ \_\_\_\_\_