

# Jacksonville College

## Application for Enrollment in Continuing Education

NAME _____		
last	first	middle
ADDRESS _____		
street/route/box		
_____		
city	state	zip
TELEPHONE _____	SOCIAL SECURITY # _____	
EMPLOYER _____		
NAME OF COURSE _____		
DATE OF COURSE _____		
* No refunds given after first class day *		

Return this completed application and course fee to:  
 Academic Dean  
 Jacksonville College  
 105 B.J. Albritton Drive  
 Jacksonville, Texas 75766-4759  
 (Telephone 903-586-2518)

<i>For instructor use only:</i>	
Assessment of student performance: <i>o Satisfactory</i> <i>o Did not complete course</i>	
Comments: _____	
_____	_____
Instructor	Date

<i>For office use only:</i>	
Fee _____	C.E.U. units _____
Date paid _____	Date awarded _____
Received by _____	Academic Dean _____