



## ADULT AND CAREER DEVELOPMENT REGISTRATION FORM

CTSIS ID: \_\_\_\_\_

PROCESSED: \_\_\_\_\_

Last Name:	First Name:	M.I.:	Suffix:
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	SS#:	D.O.B.:
Mailing Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
E-Mail Address:			

### RESIDENT STATUS

*To enroll for courses that gain certification, licensure, or have legal requirements, you must answer the following:*

1. U.S. Citizen?  Yes (If yes, skip to number 4)  No
2. U. S. Resident?  Yes  No If no, country of residency \_\_\_\_\_  
     Visa Type:  F-1  M-1
3. Resident Alien?  Yes  No A# \_\_\_\_\_  Temporary  Permanent  
     Expiration Date \_\_\_\_\_

4. Some courses may require a background check through OSBI, FBI, or other agencies.

Course Title	Course Code	Tuition	Book Fee	Total

### Method of Payment

*Full payment for tuition, books, & supplies due at the time of enrollment.*

- Check/Money Order  
  Cash  
  Visa  
  MasterCard  
  Amex  
  Discover  
 Send Bill to Company (*Must attach authorization letter or purchase order.*)

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorizing Person: \_\_\_\_\_

Refunds must be requested in writing a minimum of three business days prior to start of class for full refund.

For full tuition & refund policy, please visit: [www.MetroTech.edu](http://www.MetroTech.edu)

*For special accommodations in a course, please contact: Denise North (405) 595-4418*

### Mail, Fax, or E-mail completed form to:

**Metro Technology Centers**  
**Attn: Enrollment Services**  
**1900 Springlake Dr.**  
**Oklahoma City, OK 73111**  
**FAX (405) 424 – 7809**  
[Enrollment.ACD@MetroTech.edu](mailto:Enrollment.ACD@MetroTech.edu)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_