



**MESABI RANGE COMMUNITY AND TECHNICAL COLLEGE**  
**Continuing Education/Custom Training Registration Form**

1001 West Chestnut Street, Virginia, Minnesota 55792  
 Call: 218-742-3438 Fax: 218-749-7782

**Personal Information:**

<b>Name</b>			
Last:	First:	Middle:	Former:
<b>Social Security # : (optional)</b>			
<b>Current Mailing Address:</b>		City:	State: Zip Code:
Permanent Address if different from above:		City:	State: Zip Code:
<b>Home phone:</b>	Cell and/or Business phone:		<b>E-mail Address:</b>
Are you a resident of Minnesota?	Y N	If yes, how long?	If no, what state are you a resident of?
Are you a U.S. citizen?	Y N	Permanent Resident (if applicable)	Refugee Student VISA Other

**REQUEST FOR CONFIDENTIAL INFORMATION**

Providing the following information is voluntary. This information will assist Minnesota State Colleges and Universities in evaluation student recruitment and retention policies; it will not be used as a basis for admission

**Gender:** Male Female **Are you Hispanic or Latino?** (a person of Cuban, Mexican, Puerto Rican, South or Central American Or other Spanish culture, regardless of race)? Y N

**Racial background (select one or more)**

- American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- Black or African American – a person having origins in any of the black racial groups of Africa.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.
- Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White – a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**COURSE REGISTRATION INFORMATION: Course Date** \_\_\_\_\_ **20** \_\_\_\_\_

**Course Title:** \_\_\_\_\_ **Fee** \_\_\_\_\_

**By completing this form, you have agreed to register for the above named class and are responsible for payment. Refunds are only available with a 24-hour advanced notice.**

**I understand and acknowledge the above statement. Signature** \_\_\_\_\_

Visa & MasterCard are accepted for payment or a personal check.  
 Please complete the information below if you wish to charge your registration to a Visa or MasterCard.

Name as it appears on the credit card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

VISA OR MASTERCARD (circle one)

Credit Card Number: \_\_\_\_\_

**Mesabi Range College is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This document is available in alternative formats to individuals with disabilities by calling (218) 744-7471.**