



411 N. Front St. Wilmington, NC 28401-3910

CONTINUING EDUCATION Registration Form

PLEASE PRINT CLEARLY			
COURSE TITLE			
SOCIAL SECURITY NUMBER	IDENTIFICATION NUMBER	COUNTY	
PRINT NAME AS IS APPEARS ON SOCIAL SECURITY CARD		TELEPHONE: HOME () _____	
LAST	FIRST	MIDDLE	WORK () _____ CELL () _____
ADDRESS			EMAIL ADDRESS:
CITY	STATE	ZIP CODE	
BIRTHDATE MM/DD/YY	<input type="checkbox"/> MALE	<input type="checkbox"/> HISPANIC/LATINO	
	<input type="checkbox"/> FEMALE	<input type="checkbox"/> NON HISPANIC/LATINO	
<input type="checkbox"/> AMERICAN / ALASKAN NATIVE	<input type="checkbox"/> BLACK / AFRICAN AMERICAN		
<input type="checkbox"/> HAWAIIAN / PACIFIC ISLANDER	<input type="checkbox"/> ASIAN	<input type="checkbox"/> WHITE	
HIGHEST EDUCATION LEVEL (REQUIRED)			
<input type="checkbox"/> Non Graduate - Enter Highest Grade Completed 0-11 _____			
<input type="checkbox"/> 12 High School Graduate		<input type="checkbox"/> 15 Associate Degree	
<input type="checkbox"/> --- GED		<input type="checkbox"/> 16 Bachelor's Degree	
<input type="checkbox"/> Adult High School Diploma		<input type="checkbox"/> 17 Master's Degree or Higher	
<input type="checkbox"/> One-year Vocational Diploma			
Are you taking this course for certification or recertification? <input type="checkbox"/> YES <input type="checkbox"/> NO			EMPLOYMENT STATUS: (CHECK ONE)
If yes, name of certifying agency _____			<input type="checkbox"/> RETIRED (R)
Professional Contractor's License Number _____			<input type="checkbox"/> UNEMPLOYED - Not Seeking Employment (UN)
			<input type="checkbox"/> UNEMPLOYED - Seeking Employment (US)
			<input type="checkbox"/> EMPLOYED 1-10 Hours per week (E1)
			<input type="checkbox"/> EMPLOYED 11-20 Hours per week (E2)
			<input type="checkbox"/> EMPLOYED 21-39 Hours per week (E3)
			<input type="checkbox"/> EMPLOYED 40 or more Hours per week (E4)
PERMISSION TO RELEASE PHOTO FOR PUBLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO			EMPLOYER:
			DRIVER'S LICENSE NUMBER
Have you previously attended Continuing Education courses at CFCC? <input type="checkbox"/> YES <input type="checkbox"/> NO			COURSE START DATE:
HRD TUITION AND FEE WAIVER - VERIFICATION STATEMENT			
<p>The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded in the Master Course List/Combined Course Library (MCL/CGL) as Human Resources Development if the individual meets one of four criteria listed below. To receive this waiver, an individual must verify that he/she meets at least one of the criteria by completing and signing this form.</p> <p>I qualify for a tuition & fee waiver under the following criteria:</p> <p><input type="checkbox"/> 1. I am currently unemployed.</p> <p><input type="checkbox"/> 2. I have received notification of a pending layoff.</p> <p><input type="checkbox"/> 3. I am working and eligible for the Federal Earned Income Tax Credit.</p> <p><input type="checkbox"/> 4. I am working and earn wages at or below 200% of the federal poverty guidelines.</p>			
DISABILITY SUPPORT SERVICES			
Disability Support Services is available for students who require disability accommodations. Phone: (910) 362-7012 OR (910) 362-7158. Fax: (910) 362-7080.			
REFUND POLICY			
A 100% refund will be given only if a written or emailed refund request is received by the CE Department prior to the course start date or if the course is cancelled by the College. A 75% refund will be given only if a written or emailed refund request is received by the CE Department by the 10% date of the course.			
OCCUPATIONAL EXTENSION COURSE REPETITION POLICY			
Students are allowed to take the same course twice within a five (5) year period and pay the amount prescribed for the course. The third time a student takes the same course he/she will be charged the full cost of the course at a specified rate per hour as set by the North Carolina Administrative Code. The full cost of the course must be paid at time of registration.			
STUDENT SIGNATURE			DATE
FOR OFFICE USE ONLY			
SECTION ID	SEMESTER	INSTRUCTOR	LOCATION

FEES RECEIVED FROM STUDENT:

TUITION FEE _____	CHECK # _____	REP INITIALS _____
TEC/OTHER FEE _____	<input type="checkbox"/> CASH <input type="checkbox"/> MO	
TOTAL RECEIVED _____	BUDGET CODE _____	
VISA / MC AUTH # _____	DATE RECEIVED _____	