CAPE FEAR COMMUNITY COLLEGE

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

CONTINUING EDUCATION
REGISTRATION FORM

PLEASE PRINT CLEARLY

COURSE TITLE

SOCIAL SECURITY NUMBER | IDENTIFICATION NUMBER

PRINT NAME AS IT APPEARS ON SOCIAL SECURITY CARD
LAST FIRST MIDDLE

ADDRESS

CITY | STATE | ZIP CODE

BIRTH DATE: MM / DD / YY

☐ MALE (M) ☐ FEMALE (F)

☐ HISPANIC/LATINO (HIS) ☐ NON HISPANIC/LATINO (NHS)

☐ AMERICAN/ALASKA NATIVE ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN
☐ HAWAIIAN/PACIFIC ISLANDER ☐ WHITE

HIGHEST EDUCATION LEVEL (REQUIRED)

_____ Non Graduate - Enter Highest Grade Completed 0 -11
☐ 12 High School Graduate
☐ ---- GED
☐ 13 Adult High School Diploma
☐ 14 One-year Vocational Diploma
☐ 15 Associate Degree
☐ 16 Bachelor's Degree
☐ 17 Master's Degree or Higher

Are you taking this course for certification or recertification? ☐YES ☐NO
If yes, name of certifying agency _____

Professional Contractor's License Number _____

PERMISSION TO RELEASE PHOTO FOR PUBLICATION ☐YES ☐NO

COUNTY

TELEPHONE: HOME ( ) _____
WORK ( ) _____ CELL ( ) _____

EMAIL ADDRESS

EMPLOYMENT STATUS: (CHECK ONE)
☐ RETIRED (R)
☐ UNEMPLOYED-Not Seeking Employment (UN)
☐ UNEMPLOYED-Seeking Employment (US)
☐ EMPLOYED 1-10 Hours per week (E1)
☐ EMPLOYED 11-20 Hours per week (E2)
☐ EMPLOYED 21-39 Hours per week (E3)
☐ EMPLOYED 40 or more Hours per week (E4)

EMPLOYER

DRIVERS LICENSE NUMBER

Have you previously attended Continuing Education courses at CFCC? ☐ YES ☐ NO

COURSE START DATE

TUITION FEE WAIVED: ☐EMERGENCY SERVICES / AGENCY _____ ☐ PAID ☐ VOLUNTEER
☐OTHER _____

HRD TUITION AND FEE WAIVER – VERIFICATION STATEMENT

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/CCL) 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.

I qualify for a tuition and fee waiver under the following criteria:
☐ 1. I am currently unemployed.
☐ 2. I have received notification of a pending layoff.
☐ 3. I am working and eligible for the Federal Earned Income Tax Credit.
☐ 4. I am working and earn wages at or below 200% of the federal poverty guidelines.

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 # _____ CE REP INITIALS _____
TECH/OTHER FEE _____ ☐ CASH ☐ MO _____
TOTAL RECEIVED _____ BUDGET CODE _____
VISA/MC AUTH # _____ DATE RECEIVED _____

WHITE-CONTINUING EDUCATION CANARY-INSTRUCTOR PINK-DIRECTOR GOLD - STUDENT

REVISED 3/2014