



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



**Registration Form**

<b>PRINT CLEARLY - BLUE OR BLACK INK ONLY</b>			
COURSE TITLE			
SOCIAL SECURITY NUMBER	IDENTIFICATION NUMBER	COUNTY	
<b>PRINT NAME AS IT APPEARS ON SOCIAL SECURITY CARD</b>		TELEPHONE: HOME:	
LAST	FIRST	MIDDLE	
ADDRESS		WORK:	CELL:
CITY		STATE	ZIP CODE
BIRTHDATE MM/DD/YY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NON HISPANIC/LATINO	
<input type="checkbox"/> AMERICAN / ALASKAN NATIVE <input type="checkbox"/> HAWAIIAN / PACIFIC ISLANDER		<input type="checkbox"/> BLACK / AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE	
<b>HIGHEST EDUCATION LEVEL (REQUIRED)</b>			
<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		EMPLOYMENT STATUS: (CHECK ONE)	
<input type="checkbox"/> RETIRED (R)			
<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)			
EMPLOYER:			
DRIVER'S LICENSE NUMBER			
Are you taking this course for certification or recertification? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you previously attended Continuing Education courses at CFCC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, name of certifying agency _____		COURSE START DATE:	
Professional Contractor's License Number		PERMISSION TO RELEASE PHOTO FOR PUBLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
TUTION FEE WAIVED: <input type="checkbox"/> EMERGENCY SERVICES / AGENCY _____ <input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER			
<input type="checkbox"/> OTHER _____			
<b>HRD TUITION AND FEE WAIVER - VERIFICATION STATEMENT</b>		<b>Student Accessibility Services</b>	
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.		Services is available for students who require disability accommodations. Phone: (910) 362-7158 or (910) 362-7800 Fax: (910) 362-7113	
I qualify for a tuition & fee waiver under the following criteria:		<b>REFUND POLICY</b>	
<input type="checkbox"/> 1. I am currently unemployed.		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.	
<input type="checkbox"/> 2. I have received notification of a pending layoff.			
<input type="checkbox"/> 3. I am working and eligible for the Federal Earned Income Tax Credit.			
<input type="checkbox"/> 4. I am working and earn wages at or below 200% of the federal poverty guidelines.			
SIGNATURE		DATE	
FOR OFFICE USE ONLY			
SECTION ID	SEMESTER	INSTRUCTOR	LOCATION

**FEEES RECEIVED FROM STUDENT:**

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