

Workforce Continuing Education Student Registration Form

Course Information

Section ID	Course Title	Start Date	Day(s)	Time	Location

Last Name (<i>legal name</i>)	First Name	Middle or Maiden Name	Suffix	Name on Certificate

Gender: Female Male
 Date of Birth: _____
 School ID or SSN*: _____

Address: _____
(Street or PO Box) County City State Zip

Telephone: _____ **Email:** _____
Home Mobile

Preferred Method of Communication: Phone Mail Email
 Marketing Contact: Yes No-Do Not Contact

Ethnicity: (<i>Select One</i>) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Employment Status: (<i>Select One</i>) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed Seeking <input type="checkbox"/> Unemployed Not Seeking <input type="checkbox"/> Retired Employer <div style="border: 1px solid black; width: 150px; height: 30px;"></div>	Education Background: (<i>Select One</i>) <input type="checkbox"/> Highest Grade Completed (<i>Please Specify: (0 – 11)</i>) <input type="checkbox"/> High School Graduate (<i>12</i>) <input type="checkbox"/> High School Equivalency Diploma (<i>12</i>) <input type="checkbox"/> Adult High School Diploma (<i>13</i>) <input type="checkbox"/> One Year Vocational Diploma (<i>14</i>) <input type="checkbox"/> Associate Degree (<i>15</i>) <input type="checkbox"/> Bachelor's Degree (<i>16</i>) <input type="checkbox"/> Master's Degree or Higher (<i>17</i>)
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Notes:

General

- For more information, call 919-718-7500 or email conedsupport@cccc.edu.
- Registration is not complete until payment is received.
- Make Checks payable to Central Carolina Community College.
- Please specify your eligibility for waiver request (see below)
- For billing purposes, sponsorship requires supporting documentation.

Refund Policy

Refunds shall not be made except under one of the following circumstances:

- A 100% refund shall be made if prepaid and requested prior to the first day of class (Exception is motorcycle – 48 hour notice required for full refund)
- A 75% refund shall be made upon request of the student provided the refund is requested prior to the 10% point of the class.
- Students are eligible for a full refund if the class is canceled by the college.

Registration Payment	Payment Method
Registration Fee: \$ _____	<input type="checkbox"/> Cash
Insurance Fee: \$ _____	<input type="checkbox"/> Credit Card
Other Fees: \$ _____	<input type="checkbox"/> Check
_____	<input type="checkbox"/> Waiver Request
Total Payment Due:	<input type="checkbox"/> Sponsorship
\$ _____	<input type="checkbox"/> Scholarship Letter
	<input type="checkbox"/> Deferment Payment
	<input type="checkbox"/> Senior Citizen Audit
	<input type="checkbox"/> Other: (<i>Specify Below</i>)

For Office Use Only:

Public Safety Waiver Request

I qualify under the following criteria:

<input type="checkbox"/> Firefighter (Volunteer) <input type="checkbox"/> Firefighter (Paid-Municipal/County/State) <input type="checkbox"/> EMS/Responders (Volunteer) <input type="checkbox"/> EMS/Responders (Paid-Municipal/Cnty./State) <input type="checkbox"/> Law Enforcement (Municipal/County/State) <input type="checkbox"/> Dept. of Correction Officer <input type="checkbox"/> Juvenile Justice Department <input type="checkbox"/> Criminal Justice Fellows Program <input type="checkbox"/> REACT Team <input type="checkbox"/> Lake Authority (EMS, Fire, Law) <input type="checkbox"/> Eastern Band of Cherokee (EMS, Fire, Law) <input type="checkbox"/> NC Military Installation (EMS, Fire)	<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> Agency/Department/Team </div> <div style="border: 1px solid black; padding: 2px;"> Job Title at Agency/Dept./Team </div> <p style="font-size: small;">My signature below attests that I am actively affiliated with the above agency and hold the job title indicated.</p>
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HRD Course Waiver Request

I qualify under the following criteria:

Currently Unemployed
 Received Notice of Pending Layoff
 Working – Eligible for FEITC
 Working – Wages 200% below Poverty Level

Other Waiver and Non-Waiver Categories

Career and College Promise
 Customized Training Program
 Basic Skills Plus
 Youth Apprenticeship
 School Employees – First Aid/CPR
 Eligible Survivor/Spouse/Child (GS115B-2)
 Ward of the State

Please Read:

- I understand that CCCC abides by FERPA regulations and will not release my information unless I expressly give CCCC permission to do so.
- I understand that if I choose one of the following: affiliate my course enrollment(s) with a company or group, OR request that my company or group be billed directly for my courses, CCCC will release to the appropriate company or group my enrollment information (account number, course, schedule, delivery method, location, tuition and fees).
- My signature below indicates that the information on this form is accurate and I have read and understand the Refund Policy.
- Waiver Requests: My signature below attests that I meet the eligibility criteria as indicated on this form to qualify for a fee waiver.
- Fire (FIP) Courses: By my signature, I authorize Central Carolina to release to NC Fire Rescue Commission, a report indicating I have successfully completed all requirements for certification. *Please note that my full social security number is required for grade transfer.

Signature:		Date:	
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