Continuing Education Registration NEW STUDENTS complete all information below.

RETURNING STUDENTS provide only SS#, name, date of birth, signature and any changes.

| Please print or type: | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------|---|----------|----------|-------|--------------------------------|--|--|-------------------------|------|----------------|---|------|------------------|----------|--------------|--------------|---|--|--|--|
| Last Name | | | | | First | First Name | | | | | Middle Initial | | | Maiden | | | | | | | |
| Mailing Address | | | | | | City | | | | | | State Zip Cod | | Zip Code | ; | County | | | | | |
| PHONE: | Busine | Business | | | | | | Cell | | | | | | | | | | | | | |
| SSN (for student identification purposes ONLY) | | | | | | Date of Birth (Month/Day/Year) | | | | | | Are you a full time resident of North Carolina? ☐ Yes ☐ No | | | | | | | | | |
| | | | | | | | | E-Mail: | | | | | | | | | | | | | |
| Race | Gender High School Name | | | | | | | ne Emi | | | | | | nployment Status | | | | | | | |
| ☐ 1. White | | | | | | | | | | ╛ | 1. R | 1. Retired (R) | | | | | | | | | |
| 2. Black | 4 40 | | | | | | | 2. Unemployed –not seeking (UN) | | | | | | | | | | | | | |
| 3. Indian | 1 12 | - 0.10 | | | | | | | nemployed- seeking (US) | | | | | | | | | | | | |
| ☐ 4. Hispanic ☐ 5. Asian | ational Dipl | | | | | | | 4. Employed 1-10 hours (E1) 5.Employed 11-20 hours (E2) | | | | | | | | | | | | | |
| 6. Other | ee | · | | | | | 6. Employed 21-39 hours (E3) | | | | | | | | | | | | | | |
| _ | | | | | | | 7. Employed 40 or more hours per week (E4) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | Щ | | | |
| I certify that the | he inf | ormation a | above is | true and | accur | rate and t | hat n | ny le | gal ı | esic | denc | e for | tuit | ion purp | oses | s is as show | n. | | | | |
| SIGNATUR | | DATE: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Days | | | | | | | Registration | | | | |
| Course # Date(s) (Ex: CAS-8020-501) | | | | Course | Title | | М | Tu | W | Th | F | Sa | Su | Time | | Location | Fee | | | | |
| , | , | | | | | | | | | | | | | | | | | | | | |
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| | ees ON | LY | _ | | | | | | | | Total | | | | | | | | | | |
| | | t should be included. | | | | | . \$ | | | | | | | | | | | | | | |
| | | Do you need a receipt mailed to you? ☐ Yes ☐ No | | | | | | | | | | | | | | | | | | | |
| Please check all information before mailing. Course number must be accurate to ensure proper placement in class. Send check or money order made payable to Haywood Community College (no cash, please) to: | | | | | | | Supplemental Student Accident Insurance As a registered student of a Continuing Education Course you have the option of purchasing Supplemental Student Accident Insurance for \$1.30 per semester. SEMESTER I Jan-1-May15 Semester II May 16-Aug 15 Semester III Aug 16-Dec. 15 Yes, I would like to purchase Supplemental Student Accident Insurance | | | | | | | | | | | | | | |
| Continuing Education Mail-In Registration Haywood Community College | | | | | | | No, I would not like to purchase Student Accident Insurance | | | | | | | | | | | | | | |
| | | | | | | | NAME DATE | | | | | | | | | | | | | | |
| | | Total Amount Enclosed \$ | | | | | | | | | | | | | | | | | | | |
| 185 Freedlander Drive Clyde, NC 28721 | | | | | | | ☐ Check ☐ Money Order ☐ Cash ☐ 3rd Party Billing (Authorization Required) | | | | | | | | | | | | | | |
| (828) 627-4505 | | | | | | Signature: | | | | | | | | | | | | | | | |
| Fax: (828) 627-4513 | | | | | | | (For Office Use Only) Colleague ID# | | | | | | | | | | | | | | |
| | | | | | | Rece | Receipt #Received ByDate | | | | | | | | e | | | | | | |
| | | | | | | | Entered In Colleague By Date | | | | | | | | | | | | | | |