



## Continuing Education Online Registration Form

PO Box 8000  
Graham, NC 27253-8000

<b>LAST Name</b>		<b>FIRST Name</b>		<b>Middle Name</b>	
<b>Suffix</b> [circle] Jr. Sr. I II III IV V VI			<b>Nickname</b> (if you typically use a name other than the above)		
<b>Mailing Address</b> <input type="checkbox"/> Home <input type="checkbox"/> Work [Home is preferred. All info will come to this address. Specify Apt #, Lot #, or Suite # if applicable.] <b>Street</b>					
<b>City</b>		<b>State</b>	<b>Zip</b>	<b>County</b>	
<b>Home #</b> ( )		<b>Cell #</b> ( )		<b>Work #</b> ( )	
<b>SS #</b>	<b>Date of Birth</b>		<input type="checkbox"/> Under 18? <input type="checkbox"/> 65 or older?	<b>Gender:</b> [circle letter] <b>M-Male F-Female</b>	
<b>Ethnicity</b> [circle the number] <b>1-White 2-Black 3-American Indian 4-Hispanic 5-Asian/Pacific Island 6-Other</b>					
<b>Employment Status</b> [circle the abbreviation] <b>FT-Full Time PT-Part Time UN-Unemployed R-Retired</b>					
<b>Employer</b>					
<b>Highest Educational Level Completed</b> [circle the number] <b>1 2 3 4 5 6 7 8 9 10 11 12-High School Diploma --GED</b> <b>13-Adult H. S. Diploma 14-1 yr. Vocational Diploma 15-Associate Degree 16-Bachelor's Degree 17-Master's/Higher</b>					
<b>Student Signature</b> <i>By my signature, I am affirming that this information is correct.</i>					<b>Date</b>
<b>Email Address</b>					
<b>COURSE TITLE</b>		<b>CLASS ID</b>	<b>START DATE</b>	<b>DAYS</b>	<b>TIME</b>
				M-Su	0000 - 2400
				M-Su	0000 - 2400
				M-Su	0000 - 2400
				M-Su	0000 - 2400
				M-Su	0000 - 2400
				M-Su	0000 - 2400
<b>OFFICE USE ONLY</b>					
<input type="checkbox"/> 65+ (CESEN) <input type="checkbox"/> HRD (CEHRD) <input type="checkbox"/> Law Enforcement (CELAW) <input type="checkbox"/> Fireman (CEFIR) <input type="checkbox"/> EMS (CEEMS)					
<b>Payment by:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order # _____ <input type="checkbox"/> Bill (company): _____ _____ Attention: _____					Reg. Fee _____ P&M _____ Books _____ Other _____
Payment Rec'd by _____ <input type="checkbox"/> MC <input type="checkbox"/> VISA					
Date _____           Receipt # _____           Credit Card Confirmation # _____					TOTAL _____

Services are available for students with documented special needs and/or handicapping conditions. Contact the Special Needs Coordinator in Student Services.