

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 Name		Middle Initial	Maiden
Mailing Address			City	State	Zip Code
PHONE: Home		Business		Cell	
SSN (for student identification purposes ONLY) ____ - ____ - ____			Date of Birth (Month/Day/Year) ____/____/____		Are you a full time resident of North Carolina? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail: _____					

Ethnic Origin Are you? <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic Select One or More Races: <input type="checkbox"/> American/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	High School Name _____ Circle Highest Grade Completed 0 1 2 3 4 5 6 7 8 9 10 11 12 High School Graduation Date _____ <input type="checkbox"/> GED <input type="checkbox"/> Adult High School <input type="checkbox"/> 1-Yr. Vocational Diploma <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters Degree or Higher	Employment Status <input type="checkbox"/> 1. Retired (R) <input type="checkbox"/> 2. Unemployed –not seeking (UN) <input type="checkbox"/> 3. Unemployed- seeking (US) <input type="checkbox"/> 4. Employed 1-10 hours (E1) <input type="checkbox"/> 5. Employed 11-20 hours (E2) <input type="checkbox"/> 6. Employed 21-39 hours (E3) <input type="checkbox"/> 7. Employed 40 or more hours per week (E4)
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SIGNATURE: _____ **DATE:** _____

By signing this form, student agrees the information above is true and accurate and the legal residence given for tuition purposes is as shown. Student agrees to abide by the HCC Policies and Procedures and the Student Code of Conduct. Unprofessional behavior can place student's participation in jeopardy and will be viewed as grounds for dismissal. A complete guide to conduct can be viewed here:
http://www.haywood.edu/policies_and_procedures/policy/6/7

Course # (Ex: CAS-8020-501)	Date(s)	Course Title	Days							Time	Location	Student Fee
			M	Tu	W	Th	F	Sa	Su			

Registration Fees ONLY – No textbook/materials cost should be included.

Tuition Total

➔ **EMS, Fire and/or Law Students, please select either A or B (If a member of two Departments, please list both):**

- A. I confirm that I am a _____ Paid _____ Volunteer Member of the following Department(s) _____ **BLS** _____ **ALS**
- B. I confirm that I am a Sworn Law Enforcement Officer through:

1 _____ and/or 2 _____

Please provide Supervisor's OR Chief's Name: _____ Phone Number _____

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:

**Continuing Education
Mail-In Registration
Haywood Community College
185 Freedlander Drive
Clyde, NC 28721
(828) 627-4505
Fax: (828) 565-4102**

Supplemental Student Accident Insurance

As a registered student of a Continuing Education Course you have the option of purchasing Supplemental Student Accident Insurance for \$1.25 per semester.

- TERM I** Jan-1-May15 **TERM II** May 16-Aug 15 **TERM III** Aug 16-Dec. 31
- Yes, I would like to purchase Supplemental Student Accident Insurance
 No, I would not like to purchase Student Accident Insurance

NAME _____ DATE _____

Total Amount Enclosed \$ _____
 Check Money Order Cash 3rd Party Billing (Authorization Required)

(For Office Use Only)
 Colleague ID# _____ Entered By _____ Date _____

If you have a documented disability that may have some impact on your work in this course and for which you may require accommodations, please contact the Coordinator of Disability Services in the Student Services Building (call at 627-4504) You will be required to provide documentation.