

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	County
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:				
Race <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. Indian <input type="checkbox"/> 4. Hispanic <input type="checkbox"/> 5. Asian <input type="checkbox"/> 6. Other	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	High School Name			Employment Status		
	Circle Highest Grade Completed 0 1 2 3 4 5 6 7 8 9 10 11 12				<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)		
	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						

I certify that the information above is true and accurate and that my legal residence for tuition purposes is as shown.

SIGNATURE:

DATE:

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

Registration Fees ONLY – Total \$
No textbook/materials cost 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:

**Continuing Education
Mail-In Registration
Haywood Community College
185 Freedlander Drive
Clyde, NC 28721
(828) 627-4505
Fax: (828) 627-4513**

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.	
SEMESTER I Jan-1-May15 Semester II May 16-Aug 15 Semester III Aug 16-Dec. 15	
<input type="checkbox"/> Yes, I would like to purchase Supplemental Student Accident Insurance <input type="checkbox"/> No, I would not like to purchase Student Accident Insurance	
NAME _____ DATE _____	
Total Amount Enclosed \$ _____	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/> 3rd Party Billing (Authorization Required)	
Signature: _____	
(For Office Use Only) Colleague ID# _____	
Receipt # _____ Received By _____ Date _____	
Entered In Colleague 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 Counseling Services in the Student Services Building (call at 627-4504) so that reasonable accommodations can be arranged. **You will be required to provide documentation.***