

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		
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		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)
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		
<i>I certify that the information above is true and accurate and that my legal residence for tuition purposes is as shown.</i>							
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 14 Semester III Aug 15-Dec. 31	
<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)	
Receipt # _____	Colleague ID# _____
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.***

