

Occupational Student Registration



Student Information

Last Name		First Name		M. I.	Maiden Name
Mailing Address		City	State	Zip Code	County
Primary Phone		Secondary Phone		Business Phone	
Date of Birth (MM/DD/YYYY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Are you a full time NC resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		High School Name		Employment Status <input type="checkbox"/> Retired (R) <input type="checkbox"/> Unemployed – not seeking (UN) <input type="checkbox"/> Unemployed Seeking (US) <input type="checkbox"/> Employed 1 – 10 Hours (E1) <input type="checkbox"/> Employed 11 – 20 Hours (E2) <input type="checkbox"/> Employed 21 – 39 Hours (E3) <input type="checkbox"/> Employed 40 or more hours per week (E4)	
Ethnic Origin <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 Prefer not to disclose		Check the highest grade completed 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> High School Graduation Date _____ <input type="checkbox"/> GED <input type="checkbox"/> Adult High School <input type="checkbox"/> 1-Year Vocational Diploma <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher		E-mail Address	

Course Information

Course Number		Course Title		Cost of Class	Fees
Dates	Times (Specify AM or PM)	Location	Days (Check all that apply) M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/>		

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 found on our website. Student agrees to allow HCC to publish photographs, video footage and personal information pertaining to news releases or other publications or media normally considered to be that of a two-year college unless a disclaimer has been filed with the Director of Enrollment Management.

Please turn the page over to complete the registration form 

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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

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Date: _____ Amount Enclosed \$ _____

☐ Check ☐ Money Order ☐ Cash

☐ 3rd Party Billing (Authorization Required)

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:

Mail-In Registration
Haywood Community College
185 Freedlander Drive
Clyde, NC 28721
(828) 627-4505
Fax: (828) 627-8396
E-mail: HCC-WCE@haywood.edu

Contact Us

General Information
Shannon Brown
828-565-4242
ssbrown@haywood.edu

Dean of Workforce Continuing Education
Doug Burchfield
828-564-5128
ddburchfield@haywood.edu