

CONTINUING EDUCATION, ECONOMIC & WORKFORCE DEVELOPMENT REGISTRATION FORM

RGPE	
ASPR	
XNCA	
RGN	

PU BUX 266	וומטע פ	n, INC 28	33 2	reiepiioi	ie 910.879.5	9500	01 2201	Lax 310.9/3.220	09		
COURSE TITLE					Day	SECTION NO					
							Evening	START DATE			
SSN/BCC NO		LAST				FII	RST			MI	
MAILING ADDRESS											
CITY						STA	TE	ZIP			
HOME PHONE		CELL					COUNTY				
E-MAIL ADDRESS								DATE OF BIRTH			
☐ Female ☐ Ma	ale		☐ Wh				Hispanic Asian	☐ Native ☐ Other	Ameri	ican	
		Employed Unemploye			ed	Tuition Fee Waived					
EDUCATIONAL Non-Craduate		☐ 1-10 hours ☐ Seeking				Emergency Services Agency					
Non Graduate	malata	d O 11\			□ Not See						
(Enter highest grade completed 0-11)			□ 21-39 □ Retired			Ü					
☐ High School Graduat☐ HSE Diploma	.C			or more			1_	_			
(High School Equivalency)					TI	ITIO	☐ Paid	□Volunteer			
						FUITION REFUND POLICY Ilowed under the following circumstances:					
☐ Vocational Diploma	pioiiia		• A st				lraws, in writing, from an occupational extension class				
						or if a class is cancelled shall be eligible for a 100% refund.					
☐ Bachelor's Degree	• After class begins, 75% shall be refunded at the request of the student if the student										
☐ Master's Degree or Higher				officially withdraws, in writing, from the class prior to or at the 10% point of the scheduled hours of the class. Note: This rule is applicable regardless of the number of							
times the cla					es the class meets or the number of hours the class is scheduled to meet.						
HEAD OF HOUSEHOLD			For contact hour classes, students must withdraw, in writing, within 10 calendar days.								
☐ Yes ☐	□ No		• Reg	istration fe	es for self-supp	porting classes are non-refundable once the class begins.					
HRD TUITION AND FEE WAIVER – VERIFICATION STATEMENT The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded in the Master Course List/Combined Course Library (MCL/CCL) as Human Resource Development if the individual meets one of four criteria listed below. To											
receive this waiver, an			-				-		ng this fo	orm.	
		qualify fo	r a tuitic	on and fee v	waiver under t	he foll	owing criteria	a:			
☐ I am currently unemploye☐ I have received notification		nding lavo	ff								
☐ I am working and eligible for the Federal Earned Income Tax Credit.											
☐ I am working and earn wages at or below 200% of the federal poverty guidelines.											
STUDENT SIGNATURE								DATE			
If your check is dishonored or returned for any reason, we will electronically debit your account for the amount of the check plus a processing fee.											
Office Use Only Method of Payment											
\$	Course	Fees			Cash \square		Credit Card	l ☐ Chec	:k: □		
\$	Total C	ollected		Third Pa	rty Billing						
Person Receiving Payment						Receip	Receipt No.				