



# CONTINUING EDUCATION, ECONOMIC & WORKFORCE DEVELOPMENT REGISTRATION FORM

- |      |                          |
|------|--------------------------|
| RGPE | <input type="checkbox"/> |
| ASPR | <input type="checkbox"/> |
| XNCA | <input type="checkbox"/> |
| RGN  | <input type="checkbox"/> |
| ARAI | <input type="checkbox"/> |

PO Box 266 Dublin, NC 28332 Telephone 910.879.5568 or 5561 Fax 910.879.5569

<b>COURSE NUMBER</b>	<b>COURSE TITLE</b>	<input type="checkbox"/> Day <input type="checkbox"/> Eve	<b>SECTION NO</b>
			<b>START DATE</b>
<b>SSN/BCC NO</b>	<b>LAST</b>	<b>FIRST</b>	
<b>MI</b>			
<b>MAILING ADDRESS</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>
<b>HOME PHONE</b>	<b>CELL</b>	<b>COUNTY</b>	
<b>E-MAIL ADDRESS</b>			<b>DATE OF BIRTH</b>
			M-      D-      Y-

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
		<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Other

<b>EDUCATIONAL LEVEL</b> _____ Non Graduate (Enter highest grade completed 0-11) <input type="checkbox"/> High School Graduate <input type="checkbox"/> HSE Diploma (High School Equivalency) <input type="checkbox"/> Adult High School Diploma <input type="checkbox"/> Vocational Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher	<b>Employed</b> <input type="checkbox"/> 1-10 hours <input type="checkbox"/> Seeking <input type="checkbox"/> 11-20 <input type="checkbox"/> Not Seeking <input type="checkbox"/> 21-39 <input type="checkbox"/> Retired <input type="checkbox"/> 40 or more	<b>Unemployed</b> <input type="checkbox"/> 1-10 hours <input type="checkbox"/> Seeking <input type="checkbox"/> 11-20 <input type="checkbox"/> Not Seeking <input type="checkbox"/> 21-39 <input type="checkbox"/> Retired <input type="checkbox"/> 40 or more
<b>Tuition Fee Waived</b>		
<b>Emergency Services Agency</b>		
_____		
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		
<b>Authorized Group or Organization (job classification)</b>		
<input type="checkbox"/> Firefighter (Vol Agency)	<input type="checkbox"/> Firefighter (County/State/Municipal Agency)	
<input type="checkbox"/> EMS Responder (Vol Agency)	<input type="checkbox"/> EMS Responder (County/State Municipal Agency)	
<input type="checkbox"/> Emergency Mgt. Personnel	<input type="checkbox"/> Named in EOP _____	
<input type="checkbox"/> Telecommunicator/Dispatcher	<input type="checkbox"/> LE Officer	
<input type="checkbox"/> Sponsored BLET	<input type="checkbox"/> Detention Officer	
<input type="checkbox"/> DACJJ Certified Officer (Note: Student must indicate title for DACJJ; See appendix in Waiver Reference Guide for eligible Corrections /JJ job titles.)	<input type="checkbox"/> Other _____	

***My signature attests that I am actively affiliated with the public safety agency listed above and that I hold the job classification indicated.***

<b>Student Signature:</b>	<b>Date:</b>
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**TUITION REFUND POLICY**

Refunds are allowed under the following circumstances:

- A student who officially withdraws, in writing, from an occupational extension class prior to the first class meeting or if a class is cancelled shall be eligible for a 100% refund.
- After class begins, 75% shall be refunded at the request of the student if the student 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 class meets or the number of hours the class is scheduled to meet.
- For contact hour classes, students must withdraw, in writing, within 10 calendar days.
- Registration fees for self-supporting classes are non-refundable once the class begins.

**Office Use Only Method of Payment**

\$ <b>Course Fees</b>	Cash <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Check: <input type="checkbox"/>
\$ <b>Total Collected</b>	<b>Third Party Billing</b>		
<b>Person Receiving Payment</b>			<b>Receipt No.</b>