



Continuing Education Course Registration Form

109 Community College Road • Asheville, NC 27910 • www.rccccc.edu
252.686.1200 • 252.686.2000 (fax)

Course Title: _____ Term: _____

Social Security # or Colleague ID#: _____ Date of Birth (MM/DD/YY): _____

Name: _____ (please print & no nicknames) Maiden Name: _____

Mailing Address: _____ (check here if new address)

City: _____ State: _____ Zip: _____

County (residence): _____ E-mail Address: _____

Home Phone () _____ Cell Phone () _____ Business Phone () _____

Ethnicity: Hispanic/Latino Non Hispanic/Latino Gender: Male Female

Race: White Black /African American American Indian/Alaska Native
 Asian Hawaiian/Pacific Islander Other (specify) _____

Please circle highest level of education completed: 1 2 3 4 5 6 7 8 9 10 11 12 GRD

One-Year Vocational Diploma 14 Associate Degree 15 Bachelor's Degree 16 Master's Degree or Higher 17

Employment Status: Retired Full-Time Part-Time Unemployed-Not Seeking Unemployed-Seeking

Employer: _____ Job Title: _____

Fee Waiver, if appropriate/Check all or any that apply:

My signature attests that I am actively affiliated with the public safety agency listed and that I hold the job classification indicated. Student Signature: _____

If fee waived list agency affiliation: _____ Job Title: _____

Paid Fireman Volunteer Fireman Volunteer EMT Paid EMT Law

Student Signature: _____ Date: _____