REQUEST CODE

SECTION #

FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE

CORPORATE & CONTINUING EDUCATION
STUDENT REGISTRATION DATA FORM

TERM ___ ___ ___ (Fall Spr Smr)

PLEASE PRINT LEGIBLY

STUDENT ID OR SOCIAL SECURITY NUMBER	NAME OF COURSE	LOCATION OF INSTRUCTION

1. Name _____ (LAST FIRST)
2. Address _____
3. City _____
4. State _____
5. Zip Code _____
6. E-mail Address _____
7. Birthdate ____-____-____ (MM DD YY)
8. Sex 1. ___ Male 2. ___ Female
9. Race 1. ___White 2. ___ Black 3. ___ American/Alaska Native
   4. ___ Hispanic 5. ___ Asian 6. ___ Hawaiian/Pacific Islander
10. State of Residence _____
11. County _____ ___ (County Code) (Office Use ONLY)

12. Highest Education Level
    Enter Highest Grade Completed
    - ___ 01-11 Highest Grade Completed
    - ___ 12 High School Graduate
    - ___ --- HSE
    - ___ 13 Adult High School Diploma
    - ___ 14 Post High School Vocational Diploma
    - ___ 15 Associate Degree
    - ___ 16 Bachelor's Degree
    - ___ 17 Master's Degree or higher

13. Employment Status
    - ___ 1 Retired
    - ___ 2 Unemployed (not seeking)
    - ___ 3 Unemployed (seeking)
    - ___ 4 Employed (1-10 hrs. per week)
    - ___ 5 Employed (11-20 hrs. per week)
    - ___ 6 Employed (21-39 hrs. per week)
    - ___ 7 Employed (40 hrs. or more)

14. Educational Goal
    - ___ 1 Personal Enrichment
    - ___ 2 Enhance Present Job Skills
    - ___ 3 Certification

15. Home Phone ____-____-____
16. Work Phone ____-____-____ Cell Phone ____-____-____
17. Occupation _____
18. Employer _____

19. Citizenship
    - ___ U US Citizen
    - ___ E Eligible Legalized Alien
    - ___ N Naturalized Citizen
    - ___ A Non-Resident Alien

20. Military Status
    - ___ Active
    - ___ Retired

The information on this data form is accurate to the best of my knowledge. Please enclose your registration fee.

Student's Signature _____ **Date** _____

$_____
Amount Collected | Payment Method | Signature of Collector | Date

_____AUDIT