



# Continuing Education Course Registration Form

109 Community College Road \* Ahoskie, NC 27910 \* [www.roanokechowan.edu](http://www.roanokechowan.edu)  
252.862.1200 \* 252.862.1357 (fax)

Course Title: \_\_\_\_\_ Section Number/Term: \_\_\_\_\_

Social Security # or Colleague ID#: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(please print & no nicknames)

Mailing Address: \_\_\_\_\_ (check here if new address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State (residence): \_\_\_\_\_ County (residence): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Cell 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 GED

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.*

If fee waived list agency affiliation: \_\_\_\_\_ Job Title: \_\_\_\_\_

- Paid Fireman  Volunteer Fireman  Volunteer EMT  Paid EMT  Law

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Roanoke-Chowan Community College  
 Division of Continuing Education  
**Class Enrollment Data**

Course Name: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Semester: Spr \_\_\_\_\_ Sum \_\_\_\_\_ F \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

**Note to All Students:** By signing this roster, you are authorizing Roanoke-Chowan Community College to release information, course completion information, and transcripts to various certification boards and your local affiliated agencies, as applicable. If you do not agree to this statement, you must contact the Division of Continuing Education at 862-1307.

Student Name		Social Security # or Colleague ID #	Agency Name	Job Title	Registration Fee	Student Signature
First	Last					
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						
19)						
20)						

Instructor's Signature: \_\_\_\_\_

White Copy – Instructor  
 Yellow Copy – Continuing Education Department  
 Pink Copy – Business Office