



CONTINUING EDUCATION REGISTRATION FORM

PHONE: (828) 448-6750 FAX: (828) 448-6167

Please complete all information below

FOR OFFICE USE ONLY!
Student ID: _____
Reg Tech Initial/Date: _____

Please mail or bring completed registration form to: WPCC, Continuing Education Division, 200 East College Drive, Morganton, NC 28655-3832

Last Name:		First Name:		Middle Initial:
Mailing Address:		City:	State:	Zip Code:
County:	Home Phone:	Work Phone:	Cell Phone:	
*Date of Birth:	Email Address:			
<i>*(If you are still enrolled in school and are under the age of 18, but at least 16 years of age, you must have a dual enrollment form signed by your school principal to participate in this class.) REGISTRATION WILL NOT BE ACCEPTED WITHOUT ACCOMPANYING FORM</i>				
IF FEE EXEMPT, LIST AGENCY (i.e. Fire, Law, Emergency Departments)		Volunteer	<input type="checkbox"/>	
		Paid	<input type="checkbox"/>	

The following information is mandatory for **NEW STUDENTS** to complete. (All others should complete if information has changed since last registration.)

Employment Status: <input type="checkbox"/> (R) Retired <input type="checkbox"/> (UN) Unemployed – Not Seeking Employment <input type="checkbox"/> (US) Unemployed – Seeking Employment <input type="checkbox"/> (E1) Employed – 1-10 hours per week <input type="checkbox"/> (E2) Employed – 11-20 hours per week <input type="checkbox"/> (E3) Employed – 21-39 hours per week <input type="checkbox"/> (E4) Employed – 40+ hours per week	Please circle and/or check the highest level of education that you have COMPLETED : 1 2 3 4 5 6 7 8 9 10 11 12 Month/Year last attended High School: _____ <input type="checkbox"/> (--) GED Diploma <input type="checkbox"/> (13) Adult High School Diploma <input type="checkbox"/> (14) Vocational Diploma <input type="checkbox"/> (15) Associate Degree <input type="checkbox"/> (16) Bachelor’s Degree <input type="checkbox"/> (17) Master’s Degree or Higher	Citizenship: <input type="checkbox"/> (U) US Citizenship <input type="checkbox"/> (E) Eligible Legal Alien <input type="checkbox"/> (N) Naturalized Citizen <input type="checkbox"/> (A) Non-Resident Alien <input type="checkbox"/> (D) Undocumented Alien
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Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check If Paying by Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Payments may be made by cash (in person only at the Jim A. Richardson Campus), by check, or by credit card. Checks must list a physical address (not P.O. Box), driver’s license number and telephone number.
Card Number: _____ Expiration Date: _____ Name as it appears on Card: _____ Signature of Cardholder: _____

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Information in this area is for record keeping purposes only and will not be used in a discriminatory manner. However, this information is required for federal reports, state reports and state certification. **After registration into your class, this information will be destroyed.**

Name: _____ Social Security Number or Student ID: _____	
Ethnic Origin: (Check One/Voluntary) <input type="checkbox"/> Hispanic (HIS) <input type="checkbox"/> Non-Hispanic/Latino (NHS) – <i>If you check this option please complete the following Race section below.</i>	Gender: <input type="checkbox"/> Male
Race: (Please choose one or more) <input type="checkbox"/> American/Alaskan Native (AN) <input type="checkbox"/> Asian (AS) <input type="checkbox"/> African American (BL) <input type="checkbox"/> Caucasian (WH) <input type="checkbox"/> Hawaiian/Pacific Islander (HP)	<input type="checkbox"/> Female

Course Number	Date(s)	Course Title	Days							Time	Location	Registration Fee
			S	M	T	W	Th	F	S			

I certify that the information on this application is correct. I agree to abide by the rules, policies and regulations of the College during my enrollment at Western Piedmont Community College. The college has my permission to release pertinent information on this form to appropriate College staff and, in the event of emergency or illness, I give permission to call a local physician.

Please be advised that WPCC cannot register you for any class if you have an outstanding debt with WPCC.

No one under the age of 16 may register for any WPCC course. If you are between the age of 16 and 18, you must provide to the instructor, a dual-enrollment form on the first class meeting.

If this class is for certification, by affixing my signature below, I grant permission to release the appropriate course information to the certifying agency.

Student Signature: _____ **Date:** _____

CANCELLATION POLICY

If we cancel a class you will be notified. If you need to cancel seating in a class, please notify us as soon as possible before the first class meeting.

REFUND POLICY

A one-hundred percent registration fee refund for Continuing Education classes shall be made upon request of the student if the student officially withdraws from classes at least one business day prior to the class start date. A seventy-five percent registration fee refund for Continuing Education classes shall be made upon request of the student if the student officially withdraws from classes prior to or at the 10 percent point of the class. Requests for refunds will not be considered after the 10 percent point. The refund policy does not apply to self-supporting classes. To officially withdraw from a class the student must contact the Continuing Education office and request to be withdrawn from the class. A "Request for Refund" form must be approved by the Dean of Continuing Education and the Executive Vice President/Chief Financial Officer.

Registration Personnel Purposes

REGISTRATION REMINDERS

- ❖ Remember to give the student the Registration Statement to take to the cashier area for payment. Do not give the Registration Form to the student; this is to be placed in the class file.
- ❖ Cut off the bottom portion of the Registration Form and shred as indicated, unless the student is paying by credit card in which they will need the bottom box attached to the Registration Statement to take with them to the cashier area.
- ❖ Double check for student signature and date (date must be prior to or on the start date of the class). If not, you cannot complete this part for the student.
- ❖ If the student lists multiple classes to register, photo copies can be made and placed into the class file.
- ❖ Remember to initial, date and write the student ID on the registration form.