



WORKFORCE AND PROFESSIONAL DEVELOPMENT REGISTRATION FORM
 FOR SPECIFIC COURSE CONTENT QUESTIONS, PLEASE REFER TO OUR
 WORKFORCE DEVELOPMENT LINK AT WPCC.EDU

FOR OFFICE USE ONLY!	
Student ID:	_____
Reg Tech Initial/Date:	_____
Fee Waived Amt:	__ \$70
	__ \$125
	__ \$180

Please complete all information below & return to: WPCC, Workforce and Professional Development
 1001 Burkemont Ave. , Morganton, NC 28655-3832 **OR**
FAX REGISTRATION FORM TO: (828) 448-6179

Classes offered through our Workforce and Professional Development Division, have a pre-registration policy, with the exception of Fire/Rescue, Law Enforcement, HRD and CTP program areas. Students must register and pay any registration fees two business days/48 business hours prior to the start date of the class.

Students may register via the following methods:

- 1). On-line; 2). Walk-in registration held on Tuesdays, 8:30 am- 6:00 pm in Hildebrand Hall, Main Campus; or 3). Download and fax registration form to 828-448-6179

The following information is mandatory for ALL STUDENTS. IF THIS INFORMATION IS NOT PROVIDED, THE STUDENT CAN NOT BE REGISTERED FOR THE REQUESTED CLASS(ES)

Last Name:		First Name:		Middle Initial:	
Mailing Address:			City:		State:
County:			Home Phone:		Zip Code:
Date of Birth:			Work Phone:		Cell Phone:
Employment Status:			Highest level of education that you have COMPLETED (1-12):		
<input type="checkbox"/> (R) Retired			<input type="checkbox"/> (--) GED Diploma		
<input type="checkbox"/> (UN) Unemployed – Not Seeking Employment			<input type="checkbox"/> (13) Adult High School Diploma		
<input type="checkbox"/> (US) Unemployed – Seeking Employment			<input type="checkbox"/> (14) Vocational Diploma		
<input type="checkbox"/> (E1) Employed – 1-10 hours per week			<input type="checkbox"/> (15) Associate Degree		
<input type="checkbox"/> (E2) Employed – 11-20 hours per week			<input type="checkbox"/> (16) Bachelor's Degree		
<input type="checkbox"/> (E3) Employed – 21-39 hours per week			<input type="checkbox"/> (17) Master's Degree or Higher		
<input type="checkbox"/> (E4) Employed – 40+ hours per week					

Class Information

The below information may be found at <http://www.wpcc.edu/workforce-development/> or provided by class instructor

Course Title	Course Number	Date (s)	Scheduled Meeting Time

(If you are at least 16 years of age and still enrolled in high school, you must have a dual enrollment form signed by your school principal or approved designee to participate in this class.)

CANCELLATION POLICY/REFUND POLICY: If WPCC cancels a class, the student will be notified. A one-hundred percent registration fee refund for Workforce and Professional Development 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 Workforce and Professional Development 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 request to be withdrawn from the class in person (special accommodations can be made for students who live outside of a 50 mile radius). A "Request for Refund" form can be obtained from the appropriate registration personnel located in the office of Records and Registration.

PUBLIC SAFETY AND TRAINING PROGRAMS: FEE WAIVED CLASSES ONLY

WPCC reserves the right to ask for verification of fee exemption eligibility from the student and/or agency.

FOR FIRE, RESCUE, LAW ENFORCEMENT, ETC. INFORMATION BELOW IS REQUIRED, CHECK APPROPRIATE BOXES

Volunteer or Paid AND State or Local/County Agency

Please note that to be eligible for fee exemption, the course/s you are registering for must be directly related to job performance or necessary to continue certification. If this information is not populated in its entirety, there will not be a fee waiver and the student will be responsible for payment. The student's registration will be flagged to disallow further registrations until payment in full is made or the required fee exemption information is received by the Workforce and Professional Development Department. Department Affiliation (ie: Fire, Rescue, Law Enforcement):

Clearly Print Department/Agency Name~No Abbreviations: _____

Job Title: _____

Student Signature: _____ **Date:** _____

With my signature, I certify that the information provided on this registration form is true and accurate. I have read and understand the cancellation and refund policy above and I agree to abide by the rules, policies and regulations of the College during my enrollment at WPCC. 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 for them to call a local physician. Please be advised that WPCC cannot register you for any class if you have an outstanding debt with the College.



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.

SSN or WPCC Student ID:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Ethnic Origin: (Check one) <input type="checkbox"/> Hispanic (HIS) <input type="checkbox"/> Non-Hispanic/Latino (NHS) *If you select the NHS option, please complete the following RACE section.	Race: (Choose one) <input type="checkbox"/> Alaskan Native/American (AN) <input type="checkbox"/> Asian (AS) <input type="checkbox"/> African American (BL) <input type="checkbox"/> Caucasian (WH) <input type="checkbox"/> Hawaiian/Pacific Islander (HP)