



CONTINUING EDUCATION REGISTRATION FORM

Social Security Number or SPCC Student ID: _____

Are you Hispanic or Latino? Yes No
If no, select one or more races: American Indian or Native Alaskan
 Asian Black or African American
 Native Hawaiian or other Pacific Islander White

Last Name _____

First Name _____ MI _____

Address _____

City _____

State _____ Zip _____

County of Residence _____

Phone H _____ W _____

Cell _____

Date of Birth _____

Employment Status
 Full-time Part-time (_____ hours per week)
 Retired Unemployed-*Not Seeking* Unemployed-*Seeking*

Highest Education Level
 Non-Graduate (Highest grade completed _____)
 GED
 High School Graduate
 Adult High School Diploma
 One-Year Vocational Diploma
 Associate Degree
 Bachelor's Degree
 Master's Degree or Higher

E-mail _____

Sex Female Male

If course is Emergency Service: Name of Police, Fire or Rescue Dept. _____ Paid Volunteer
(circle one)

Have you enrolled in this class more than once? Yes No

How did you hear about the course? Newspaper Flyer Schedule
 On-line Other _____
(please specify)

STUDENT SIGNATURE (required) _____

Date _____

COURSE INFORMATION

Course No. _____ Section No. _____ Title _____

Instructor _____ Location _____ Contact Hours _____

Beginning Date _____ Ending Date _____ M T W Th F Sa Su Time _____

SOUTH PIEDMONT COMMUNITY COLLEGE COURSE RECEIPT

\$ _____ Registration Fee

\$ _____ Books \$ _____ Other \$ _____ See Attachment

\$ _____ Total Charges billed to Sponsoring Agency _____ Contract Training _____

\$ _____ Total Charges to Student

Amount Paid \$ _____ by: Student Other: _____

Cash _____ Check # _____ Credit Card: VISA MC AMEX Discover Approval Code _____

Comments: _____

If student is exempt from registration fee, state reason: Vol. Fire Paid Fire Vol. Rescue Paid Rescue Law Employee
 Inmate Senior (65+) HRD Correctional Officer Other _____

Received by: _____

College Official's Signature

Date