



# 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)

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  
Asia 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:**

- Paid Fireman       Volunteer EMT       Law       Human Resources Dev.
- Volunteer Fireman       Paid EMT       Inmate

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

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