



Continuing Education Course Registration Form

PO Box 1248 * Ahoskie, NC 27910 * www.roanokechowan.edu

Course Title: _____ Section Number/Term: _____

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

Name: _____ Last Name: _____
(please print & no nicknames)

Mailing Address: _____ (check here if new address) ☐

City: _____ State: _____ Zip: _____

State (residence): _____ County (residence): _____ E-mail Address: _____

Home 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:

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

If fee waived list agency affiliation: _____ Job Title: _____

Student Signature: _____ Date: _____