



Continuing Education Course Registration Form

109 Community College Road * Ahoskie, NC 27910 * 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): _____

***Date of Birth Verification Required:** Driver's License Birth Certificate Passport
 Other (specify) _____

Instructor has to initial verification of age: _____

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

Mailing 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

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: _____