

Central Carolina Community College

To register for ONLY Continuing Education Classes

or Datatel ID				Date			
(Print) Name	Look		rst			Middle/Ma	idan
	Last	r	rst	. .		•	
Mailing Address				County	***************************************		
	City		<u></u>				
	State	Zip					
	The NC Commu	nity College System	Requires t	ne followi	ng informa	tion	
Date of Birth	1 1	Sex: Male	Fema	ile			
••	(DOB required)	Race: White Hispanic	Blac Asia		India Othe		······
Circle Highest	t Grade Completed	0 1 2 3 4 5	6 7 8 9	10 11 12	······································	16 17 18+	or HSE/GED
Home Phone	()		mployer				
Business Phone							Part Time
Cell Phone	()			Un	employed		Retired
Email Address						<u></u>	
Student Signature	Date						
_	(Signature required	for registration)			•		
		Course In					
Course #	Cou	rse Title	Day	Time	Location	Reg Fee	Start Date
			L	Other Fee			
			Other Fee Total Fees				
				1018	ıı rees [
		Payment In					
Method of Payment			erson Receivir			Da	
_	CHECK OR MONEY O	RDER CREDIT		Payment T	ype O Pers	ional 🔘	Business
Bank Name			Check#				
	rd/Check/Money Orde		3 484FD F1/0		`COVER		
•			AMER.EXP	_	SCOVER	CV.C	ada
Card Nui				EXI	o Date	cv c	ode
Third Party Billing (Fee				Moilir	na Addross		
Compan Official Use: Reaso				Wallf	ng Address		
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MAKE CHECKS PAYABLE TO CENTRAL CAROLINA COMMUNITY COLLEGE

NOTE: Refunds shall not be made except under the following circumstances: (1) A 75% refund shall be made upon request of the student provided the refund is requested prior to the 10% point of Occupational Classes or the 20% point of Community Services classes. Refunds will not be considered after those points in the class: (2) Students that prepay and request a refund prior to the first day of class are eligible for a full refund: or (3) Students are eligible for a full refund if the class is canceled by the college.