



GUILFORD TECHNICAL COMMUNITY COLLEGE

Continuing Education Registration Form

Post Office Box 309, Jamestown, NC 27282

336-334-4822

IMPORTANT: Please print clearly, respond to all questions completely, and sign registration form. Incomplete or unsigned Registration Forms cannot be processed!

Course: Number (Code) Title Date: Begin End
Fee: \$ Location Meeting

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Social Security #: (*Used for reporting purposes only)

Name: Last First Middle

Address: Street, P.O. Box, Route City State Zip Code

County of Residence: Date of Birth: Month Day Year

E-mail Address: Phone: 1. Home 2. Cell

Sex: 1. Female 2. Male

Ethnicity: 1. Hispanic/Latino 2. Non Hispanic/Latino
Race: 1. American/Alaska Native 2. Asian 3. Black or African American 4. Hawaiian or Pacific Islander 5. White 6. Other

The highest education level that best describes you:

- 0-17 education levels including High School Graduate, Vocational Diploma, Associate Degree, Bachelor's Degree, Master's Degree or Higher.

Employment: Full-Time (FT), Part-Time (PT), Retired (R), Unemployed - Not Seeking (UN), Unemployed - Seeking (US), Inmate

Please check one: I certify that I am at least 18 years old and not enrolled in public school or I am under 18 and have provided a Minor Release Form to the Continuing Registration Office

Payment:

No confirmation will be sent. You will be notified only if the class is full or cancelled.

Total Payment: \$ Check one: *Check Money Order Master Card Visa Discover AmEx
*Make check or money order payable to: GTCC

Card Holder's Name: Card Holder's Signature:

Card Number: Exp. (MM / YY)

BY MY SIGNATURE, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Student Signature: Date:

FOR OFFICIAL USE ONLY

Colleague ID Number : Term: