



Auto Dealer Continuing Education Online *Registration Instructions*

Thank you for your interest in our online Auto Dealer Continuing Education class. The cost of the class is \$60.00, and we ask that you complete the course within two weeks of registration.

To register:

1. Complete and print the following interactive forms: Mitchell Community College Continuing Education Registration Form and Affidavit of Integrity. The Affidavit indicates that you are taking the course in compliance with DMV policy and are receiving no unauthorized assistance.
2. Remit both forms with payment. You may mail the forms with a check, or if you prefer to register via fax and pay by credit card, our registration office staff will contact you for payment information.

Upon receipt of these forms and payment, we will request your user name and password from our Distance Learning Coordinator. Once we have this information, you will receive class access instructions via email.

Please contact Cabanna Pierce at (704) 878-4273/cpierce@mitchellcc.edu or Beverly Hedrick at (704) 878-4266/bhedrick@mitchellcc.edu if you need assistance.

Once you have received your class access instructions, you will be directed to read the course material (broken down in sections) and take the quizzes. You may start and stop as you need to; however, *stopping while taking a quiz is not recommended.*



CONNECTING *Life to Learning*

Continuing Education Registration Form

MITCHELL USE ONLY Dept. _____ Class _____

Register me for:

Course Title	Start Date	End Date	Time	Location	Course ID (Mitchell Use Only)

Have you taken a class at Mitchell before?

No, provide complete Social Security # _____

Yes, provide the last four digits of your Social Security # _____ **OR** Datatel Student ID # _____

Name Last _____
Last First Middle Maiden

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cellphone _____

Business Phone _____ Fax _____

Personal Email _____ Work Email _____

Date of Birth _____ Gender Male Female

Ethnicity White Black Amer. Indian Hispanic Asian Other

Employment Status Full-time Part-time Unemployed Retired

Employer _____ Occupation _____

Highest Education Level Completed

0 1 2 3 4 5 6 7 8 9 10 11 12 High School Equivalency or GED Diploma

One-year College/Vocational Training Associate Degree Bachelor's Degree Master's Degree Doctorate Degree

Student Signature _____ Date _____

I agree disagree to let the Mitchell Community College use photos of me taken in the classroom or on campus for marketing purposes.

Registration is not complete until payment is received. Call 704-878-3290 to provide credit card information.

MITCHELL USE ONLY Waiver Code _____ Registration \$ _____ Tax _____ Total _____

Payment Rec. By _____ Date _____ Amt. Paid _____ Receipt # _____

Cash Check _____ Bill to _____

Mail, fax or deliver to:

Mitchell Community College, Attn: Registration Desk
701 W. Front St.
Statesville, NC 28677-5644
704-878-3220 Statesville
704-663-1923 Mooresville
704-878-4271 fax

Mitchell Community College Cancellation and Refund Policy

- The College reserves the right to cancel a class due to lack of enrollment. In this case, preregistered/prepaid students will receive a full refund.
- Preregistered/prepaid students who officially withdraw from a course prior to its beginning will receive a full refund.
- Participants who officially withdraw from a course prior to the 10% point will receive a 75% refund.
- Participants who withdraw from a course after the 10% point are ineligible for a refund.

Affidavit of Integrity

By signing this document, I certify that I will personally complete the assignments for the *Auto Dealer 6-Hour Continuing Education License Renewal Class*. My signature acknowledges that I will receive no unauthorized assistance with the course and will complete the tests and quizzes myself.

Student Name _____

Email Address _____ Best Contact Phone No. _____

Dealership Name _____

Dealership License Number _____ License Expiration Date _____

Dealership Mailing Address _____

City, State, Zip Code _____

Student Signature _____ Today's Date _____