



Continuing Education Registration Form

- RGPE
- ASPR
- XNCA
- PERC
- RGN

Have you taken a class at Mitchell before? <input type="checkbox"/> No , provide complete Social Security # _____ <input type="checkbox"/> Yes , provide the last four digits of your Social Security # _____ OR <input type="checkbox"/> Mitchell Student ID # _____ Please register me for:	Mail, fax or deliver to: Mitchell Community College, Attn: Registration Desk 701 West Front Street, Statesville, NC 28677 (704) 878-3220 Statesville (704) 663-1923 Mooresville (704) 228-2306 fax or email ce_registration@mitchellcc.edu <i>Registration not complete until payment received.</i>
COURSE TITLE	<input type="checkbox"/> Day Sect. # <input type="checkbox"/> Evening Start Date
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LAST	FIRST	MIDDLE	MAIDEN
MAILING ADDRESS			
CITY		STATE	ZIP
HOME PHONE		CELL	WORK
PREFERRED E-MAIL ADDRESS		DATE OF BIRTH	VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American <input type="checkbox"/> Hawaiian

EDUCATIONAL LEVEL _____ Non-graduate <i>(enter highest grade completed, 0-11)</i> <input type="checkbox"/> High School Graduate <input type="checkbox"/> HSE Diploma or GED Diploma (High School Equivalency) <input type="checkbox"/> Adult High School Diploma <input type="checkbox"/> One-year College/Vocational <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> agree <input type="checkbox"/> disagree to let Mitchell Community College use photos of me taken in the classroom or on campus for marketing purposes.	EMPLOYMENT STATUS <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired Employer _____ Occupation _____	FEE WAIVED <input type="checkbox"/> Paid Firefighter <input type="checkbox"/> Volunteer Firefighter <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Paid Rescue <input type="checkbox"/> Volunteer Rescue <input type="checkbox"/> No Affiliation <input type="checkbox"/> Other _____ Department _____ Classification _____ <i>"My signature attests that I am actively affiliated with the public safety agency listed and I hold the job classification indicated."</i>
MITCHELL COMMUNITY COLLEGE CANCELLATION AND REFUND POLICY <ul style="list-style-type: none"> 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. 		

REQUIRED: Student Signature _____ **Date** _____

OFFICE USE ONLY (Method of Payment)			
\$ Registration Fees	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check
\$ Total Collected	Third-party Billing		
Waiver Code	Payment Rec'd By	Receipt #	Date