



Continuing Education Registration Form

RGPE ☐
ASPR ☐
XNCA ☐
PERC ☐
RGN ☐

Have you taken a class at Mitchell before?

- ☐ **No**, provide complete Social Security # _____
- ☐ **Yes**, provide the last four digits of your Social Security # _____
- OR ☐ 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
Registration not complete until payment received.

COURSE TITLE

☐ Day Sect. #
☐ Evening Start Date

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☐ Day Sect. #
☐ Evening Start Date

Enter Legal Name

LAST	FIRST	MIDDLE	MAIDEN
MAILING ADDRESS			
CITY		STATE	ZIP
HOME PHONE		CELL	WORK
PREFERRED E-MAIL ADDRESS		DATE OF BIRTH	VETERAN? ☐ YES ☐ NO
☐ Female ☐ Male	Choose all that apply	☐ White ☐ Black or African American ☐ Hispanic ☐ Asian/Pacific Islander	☐ Native American ☐ Hawaiian

EDUCATIONAL LEVEL

- _____ Non-graduate
(enter highest grade completed, 0-11)
- ☐ High School Graduate
- ☐ HSE Diploma or GED Diploma (High School Equivalency)
- ☐ Adult High School Diploma
- ☐ One-year College/Vocational
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate Degree

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

EMPLOYMENT STATUS

Choose all that apply

- ☐ Full-time
- ☐ Part-time
- ☐ Unemployed
- ☐ Retired
- ☐ Apprentice

Employer _____

Occupation _____

FEE WAIVED

- ☐ Paid Firefighter
- ☐ Volunteer Firefighter
- ☐ Law Enforcement
- ☐ Paid Rescue/EMS
- ☐ Volunteer Rescue/EMS
- ☐ EOP
- ☐ No Affiliation

Department _____

Classification _____

"My signature attests that I am actively affiliated with the public safety agency listed and I hold the job classification indicated."

MITCHELL COMMUNITY COLLEGE CANCELLATION, REFUND, AND WITHDRAW 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.
- Participants who withdraw before completing 75% of course will receive a grade of W and are ineligible for a refund.

By typing your name, you confirm your signature, class registration, and, if applicable, affiliation with the public safety agency listed.

REQUIRED: Student Signature _____

Date _____

OFFICE USE ONLY (Method of Payment)

\$	Registration Fees	☐ Cash	☐ Credit Card	☐ Check
\$	Total Collected	Third-party Billing		
Waiver Code	Payment Rec'd By	Receipt #	Date	