



## Continuing Education Registration Form

### 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

### Please check any or all that may apply:

☐ Paid Fireman ☐ Volunteer Fireman ☐ Law Enforcement ☐ Paid Rescue ☐ Volunteer Rescue ☐ No Affiliation

☐ Other \_\_\_\_\_ Department \_\_\_\_\_ Classification \_\_\_\_\_

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

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

**REQUIRED: Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MITCHELL USE ONLY** Waiver Code \_\_\_\_\_ Registration \$ \_\_\_\_\_ Tax \_\_\_\_\_ Total \_\_\_\_\_

Payment Rec. By \_\_\_\_\_ Date \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

☐ Cash ☐ Check \_\_\_\_\_ ☐ Credit Card \_\_\_\_\_ Bill to \_\_\_\_\_

### 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) 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.