



# CONTINUING EDUCATION REGISTRATION FORM

PHONE: (828) 448-6750

FAX: (828) 448-6167

Please complete all information below & return to:

WPC, Continuing Education Division  
200 East College Drive, Morganton, NC 28655-3832

<b>FOR OFFICE USE ONLY!</b>	
Student ID:	_____
Reg Tech Initial/Date:	_____
Fee Waived Amt:	__ \$65
	__ \$120
	__ \$175

<b>Last Name:</b> _____		<b>First Name:</b> _____		<b>Middle Initial:</b> _____
<b>Mailing Address:</b> _____		<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____
<b>County:</b> _____	<b>Primary Phone (Cell):</b> _____	<b>Work Phone:</b> _____	<b>Home Phone:</b> _____	
<b>*Date of Birth:</b> _____	<b>Email Address:</b> _____	<b>Please check here if age 65 or older:</b> <input type="checkbox"/>		

*(If you are at least 16 years of age and still enrolled in high school, you must have a dual enrollment form signed by your school principal to participate in this class.)* **REGISTRATION WILL NOT BE PROCESSED WITHOUT THE REQUIRED FORM**

Western Piedmont Community College reserves the right to ask for verification of fee exemption eligibility from the student and/or agency.

**IF FEE EXEMPT (ie: HRD, WYI, FCI, Sr. Citizen, etc):** List Agency \_\_\_\_\_

**FOR FIRE, RESCUE, LAW ENFORCEMENT, ETC. INFORMATION BELOW IS REQUIRED, CHECK APPROPRIATE BOXES**

Volunteer  or Paid  AND State  or Local/County Agency

Please note that to be eligible for fee exemption, the course/s you are registering for must be directly related to job performance or necessary to continue certification. If this information is not populated in its entirety, there will not be a fee waiver and the student will be responsible for payment. The student's registration will be flagged to disallow further registrations until payment in full is made or the required fee exemption information is received by the Continuing Education Records Department.

**Department Affiliation (ie: Fire, Rescue, Law Enforcement):** Clearly Print Department/Agency Name~No Abbreviations

Job Title: \_\_\_\_\_

**The following information is mandatory for ALL STUDENTS. IF THIS INFORMATION IS NOT PROVIDED, THE STUDENT CAN NOT BE REGISTERED FOR REQUESTED CLASS/ES.**

<b>Employment Status:</b> <input type="checkbox"/> (R) Retired <input type="checkbox"/> (UN) Unemployed – Not Seeking Employment <input type="checkbox"/> (US) Unemployed – Seeking Employment <input type="checkbox"/> (E1) Employed – 1-10 hours per week <input type="checkbox"/> (E2) Employed – 11-20 hours per week <input type="checkbox"/> (E3) Employed – 21-39 hours per week <input type="checkbox"/> (E4) Employed – 40+ hours per week	Highest level of education that you have <b>COMPLETED</b> (1-12): _____ <b>Month/Year last attended High School:</b> _____ <input type="checkbox"/> ( -- ) GED Diploma <input type="checkbox"/> (13) Adult High School Diploma <input type="checkbox"/> (14) Vocational Diploma <input type="checkbox"/> (15) Associate Degree <input type="checkbox"/> (16) Bachelor's Degree <input type="checkbox"/> (17) Master's Degree or Higher	<b>Citizenship:</b> <input type="checkbox"/> (U) US Citizenship <input type="checkbox"/> (E) Eligible Legal Alien <input type="checkbox"/> (N) Naturalized Citizen <input type="checkbox"/> (A) Non-Resident Alien <input type="checkbox"/> (D) Undocumented Alien
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<b>Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check	If Paying by Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
<i>Payments may be made by cash (in person only at the Jim A. Richardson Campus), by check, or by credit card. Checks must list a physical address (not P.O. Box), driver's license number and telephone number.</i>	
Card Number: _____	Exp. Date: _____ 3-digit Security Code: _____
Name as it appears on Card: _____	Signature of Cardholder: _____
Billing address: _____	City, State, Zip: _____

✂

Information in this area is for record keeping purposes only and will not be used in a discriminatory manner. However, this information is required for federal reports, state reports and state certification. **After registration into your class, this information will be destroyed.**

<b>Name:</b> _____	<b>SSN or Student ID:</b> _____	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Ethnic Origin: (Check one)</b> <input type="checkbox"/> Hispanic (HIS) <input type="checkbox"/> Non-Hispanic/Latino (NHS)* If you select the NHS option, please complete the following RACE section:	<b>Race: (Choose one)</b> <input type="checkbox"/> Alaskan Native/American (AN) <input type="checkbox"/> Asian (AS) <input type="checkbox"/> African American (BL) <input type="checkbox"/> Caucasian (WH) <input type="checkbox"/> Hawaiian/Pacific Islander (HP)	

To complete registration process, please turn form over →

Course Title	Course Number	Date (s)	Scheduled Meeting Time

*I certify that the information on this application is correct. I agree to abide by the rules, policies and regulations of the College during my enrollment at Western Piedmont Community College. The college has my permission to release pertinent information on this form to appropriate College staff and, in the event of emergency or illness, I give permission to call a local physician.*

*Please be advised that WPCC cannot register you for any class if you have an outstanding debt with WPCC.*

*No one under the age of 16 may register for any WPCC course. If you are at least 16 years of age and still enrolled in high school, you must have a dual enrollment form signed by your school principal to participate in requested classes/es.*

***If this class is for certification, by affixing my signature below, I grant permission to release the appropriate course information to the certifying agency.***

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

## **CANCELLATION POLICY**

If we cancel a class you will be notified. If you need to cancel seating in a class, please notify us as soon as possible before the first class meeting.

## **REFUND POLICY**

A one-hundred percent registration fee refund for Continuing Education classes shall be made upon request of the student if the student officially withdraws from classes at least one business day prior to the class start date. A seventy-five percent registration fee refund for Continuing Education classes shall be made upon request of the student if the student officially withdraws from classes prior to or at the 10 percent point of the class. Requests for refunds will not be considered after the 10 percent point. The refund policy does not apply to self-supporting classes. To officially withdraw from a class the student must request to be withdrawn from the class in person (special accommodations can be made for students who live outside of a 50 mile radius). A "Request for Refund" form can be obtained from the appropriate registration personnel located at the Jim Richardson Campus or from the Director of Records and Registration.

### ***Registration Personnel Purposes***

## **REGISTRATION REMINDERS**

- ❖ Remember to give the student the Registration Statement to take to the cashier area for payment.
- ❖ Do not give the Registration Form to the student; this is to be placed in the class file.
- ❖ Cut off the bottom portion of the Registration Form and shred as indicated, unless the student is paying by credit card in which they will need the bottom box attached to the Registration Statement to take with them to the cashier area.
- ❖ Double check for student signature and date (date must be prior to or on the start date of the class). If not, you cannot complete this part for the student.
- ❖ If the student lists multiple classes to register, photo copies can be made and placed into the class file.
- ❖ Remember to initial, date and write the student ID on the registration form.