

PIEDMONT COMMUNITY COLLEGE
Person County Campus, PO Box 1197, 1715 College Dr., Roxboro, NC 27573
Caswell County Campus, PO Box 1150, 331 Piedmont Dr., Yanceyville, NC 27379
CONTINUING EDUCATION REGISTRATION FORM

Section #: _____	Course Title: _____
Location: _____	Class Dates: _____ Days/Time: _____

Social Security #: _____ **Date of Birth** ____/____/____
New students only -Returning students may use the last four digits Month Day Year

Official Name: _____ **Suffix:** _____
Last First Middle Jr., Sr. III, IV

Address: _____
Street/PO Box City State Zip County of Residence

Phone: Home _____ Cell _____ Work _____

Sex: Male Female **E-mail Address:** _____

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself to be Hispanic/Latino? Yes No

Select one or more of the following racial categories to describe you:

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

Education Level: Non-High School Graduate (enter highest grade completed) _____
 High School Graduate Adult High School Diploma GED® High School Equivalency Diploma
 Vocational Diploma Associate Degree Bachelor's Degree Master's Degree or Higher

Employment Status: Full-time Part-time Retired
 Unemployed-Seeking Unemployed-Not Seeking

I understand that having any unpaid balances with Piedmont Community College may affect my enrollment in this class.

Signature: _____ **Date:** _____

Photography & Quote Release: I hereby authorize Piedmont Community College to use my image and/or quotes for any use the College deems appropriate in the promotion and marketing of PCC. I fully discharge PCC from any and all claims, monetary or otherwise, arising out of the use of my image or quote. (Students under age 18 must have their parent/guardian sign a Guardian/Media Release Form)

Signature: _____ **Date:** _____

Registration Fee Refund Policy: Refunds are permitted under certain conditions. For further information, visit the Piedmont Community College website www.piedmontcc.edu/cerefunds

FOR OFFICE USE ONLY
Fees: Registration \$ _____ Other \$ _____ Total \$ _____ Received by _____ Date: _____