

# Mail-in/Fax Registration Form Division of Continuing Education

Course Title \_\_\_\_\_ Course Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

County of Residence \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex: ( ) Male ( ) Female

Race: ( ) Asian ( ) African-American ( ) Hispanic ( ) Native American ( ) Caucasian ( ) Other

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED 13=Adult High School  
14=One Year Vocational 15=Two-year Degree 16=Four-year Degree 17=Masters 18=Doctorate

Employment: ( ) Full-time ( ) Part-time ( ) Unemployed ( ) Retired

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

.....  
Mail/Fax to: Lynn Joyner  
Division of Continuing Education  
Sandhills Community College  
3395 Airport Road  
Pinehurst, NC 28374  
FAX: 910.692.6998

Type of payment enclosed: Mail-in: Payment must be attached to this form.  
Fax: Payment by fax must include MasterCard or Visa.  
( ) Check (Payable to Sandhills Community College)  
( ) MasterCard ( ) Visa \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Number

application

registration for continuing education classes begins May 2

# B35