



CONTINUING EDUCATION REGISTRATION FORM

o NEW STUDENT o CURRENT STUDENT - UPDATE

Class Number _____ Class Title _____

Social Security Number _____ Colleague ID # _____

Name _____
Last First Middle

Street Address _____

City State Zip Code County of Residence

Telephone Numbers _____
Home Business Cellular

Date of Birth ____/____/____ (required)
Month Day Year

Race () 1-White () 2-Black () 3-Am Indian/Alaskan () 4-Hispanic () 5-Asian/Pacific Islander
() 6-Other/Unknown/Multiple

Sex () Male () Female Residency Status () In-State () Out-of State

How did you find out about this class? () Newspaper () Website () Magazine () Friend () Email () Postcard

EDUCATIONAL LEVEL - Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 --GED Diploma 13=Adult
14 = One Year Vocational Diploma 15 = Associate Degree 16 = Bachelor's Degree 17 = Master's Degree or Higher

If 16-18 years old, please list High School Name and Location: _____

EMPLOYMENT STATUS () Full-Time () Part-Time () Retired () Unemployed-Not Seeking () Unemployed-Seeking

Employer _____ Occupation _____

Email Address _____

I certify that all items of this application are answered correctly and completely. I understand that providing false or incomplete information may disqualify me from admission and enrollment. If I do not wish to have my picture in printed or other forms of media, it is my responsibility to contact Lori Williams at (910) 246-4943.

Signature _____ Date _____

All registration forms are shredded after data has been entered into our computer system.

Type of Payment Enclosed: Check payable to Sandhills Community College MC VISA Discover

Card No. _____ Expiration _____

You may also fax this application to: (910) 692-6998