



**Continuing Education**  
Learning for a Lifetime

**Registration Form**

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

Course Number(s) \_\_\_\_\_ Course Title(s) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Colleague ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle  
Street City State Zip County of Residence

Telephone Numbers \_\_\_\_\_  
Home Business Cell

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

**EDUCATIONAL LEVEL - Circle Highest Grade Completed:**

1 2 3 4 5 6 7 8 9 10 11 12 = Completed High School 13 = Adult High School Diploma/GED Diploma  
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 \_\_\_\_\_

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

*Please provide your e-mail address if you would like us to inform you when similar courses are offered.*

**Mail/Fax to:**

Lynn Joyner, Division of Continuing Education, Sandhills Community College, 3395 Airport Road, Pinehurst, NC 28374

Mail-in: Payment must be attached to this form

Fax: 910-692-6998 (Payment by fax must include MasterCard or Visa number)

Type of payment enclosed:  Check (payable to Sandhills Community College)

MasterCard  Visa Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_