SCC Emp	oloyee Cl	ass Series A	pplicatio	on Te	erm:		
Name:			ID:	I	Ext.:		
A. ADMISSIO	ONS INFORM	MATION *This info	ormation is requ	nired for state aud	diting purpo	ses.	
Are you curre If yes, skip to	•	in a Sandhills Cor	nmunity Col	llege course?	Yes	_ No	
Citizenship de	signation:	_ US Citizen P	ermanent Res	identOth	er Non US	Citizen	
I've lived in N	orth Carolina	since					
Are you active	duty militar	y or dependent of	active duty	military?	Yes No	•	
High School	Graduate ational	evel completed: _ GED/HSE Diplo Associate's Degr Doctorate	ma _	Adult High S	School	rade	
				Graduation Date: nty: Country:			
City:		State:	State: County:		Country:		
<b>ALL Colleges</b>	attended: (at	ttach additional sh	eet if necess	ary)			
Name of college/uni	versity			State/Country	From	То	
B. COURSE(S	S) REQUEST	<u>'ED</u>					
Prefix (CU only)	Number	Section (CU only)	Title				
continuing education	course per acader	ill-time college employees nic year without payment further support, the emplo	of tuition or stude	ent fees, excluding	all-must-pay		
Employee Sign	nature					Date	
Supervisor Na	me (print)	Supervisor	Signature		D	ate	