

College of The Albemarle Workforce Development & Continuing Education **Registration Form** www.albemarle.edu

Please complete all sections legibly

				Social S	ecurity # or Col	llege ID #	
Mailing Address:							
		City			State	Zip Code	
Daytime Contact Numl	ber(s): #1		#2			_ #3	
Email Address:					Date of	Birth:	
Date you became NC r	esident (if appli	cable):					
Please check your resp	oonse for eac	h of the following	items:	Race:	WH – White	BL – Black/Afric	can American
Sex: M – Male	Eth	nicity: NHS – Nor	n-Hispanic/Latinc	1	AS – Asian	HP – Hawaiian/	Pacific Islander
F – Female		HIS – Hispa	anic/Latino		AN – Amer	ican/Alaska Native	
Employment Status:	FT-Full Time	PT-Part Time US	S-Unemployed, se	eeking l	UN-Unemployed	, not seeking R-Re	tired
Highest Education Comp	leted: 9	10 11 12 0	GED Adult HS	Diploma	Associate	Bachelor Master's	5 Doctorate
 Any adult 18 years of age of may enroll in certain course Students must attend at lea Some courses, which are ide Official transcripts will be for If you withdraw BEFORE the clather first class. Registration fees SELF-SUPPORTING STATUS. Se Education Courses (self-support 	es with the approv st 80% of the class entified at the beg prwarded only upo ass begins, there w are NON-REFUNE nior Citizens (perso ting); however, the	al of parent(s) and the ap s hours to receive CEU's a inning of the class, requir n request of the student. rill be a 100% refund. The DABLE after the 10% point ons 65 or older) and full-t	propriate school of ind/or certificates. re a minimum grade refund will be at 7 t. No refunds will b ime COA employee nts only) from payin	ficials. e of 70 on the 5% rather the e given for cl s are not exe ng registratio	e final exam in add an 100% if you wit lasses designated (empt from paying r on fees for Occupat	lition to 80% of class atte hdraw before the 10% po Community Service Educa registration fees for Com tion Courses.	endance. Dint, which is usually ation due to their munity Service
Indicate Dept and J	Law ob Title(requi	EMT ired):	Fire			HRD Con Paid or Volunteer	rrection Unit
_	ob Title(requi		Fire				
Indicate Dept and J	ob Title(requi		Fire			Paid or Volunteer	
Indicate Dept and J Student Signature:	ob Title(requi	ired):	Fire			Paid or Volunteer	
Indicate Dept and J Student Signature:	SYN #	Date(s)	Fire			Paid or Volunteer	
Indicate Dept and J Student Signature: Course Title	SYN #	Date(s)	Fire Day(s)	Time	Cost	Paid or Volunteer Date: Instructor	Bldg/Room #
Indicate Dept and J Student Signature: Course Title COA WD & ConEd Repre Payment/Waiver receiv	SYN #	Date(s) Date(s) below this point p signature:	Fire Day(s)	Time	Cost	Paid or Volunteer Date: Instructor	Bldg/Room #
Indicate Dept and J Student Signature: Course Title COA WD & ConEd Repre Payment/Waiver receiv	sentative only ed- COA CE re	Date(s) Date(s) below this point p signature: Bank	Fire Day(s)	Time	Cost	Paid or Volunteer Date: Instructor Date: Check #:	Bldg/Room #
Indicate Dept and J Student Signature: Course Title COA WD & ConEd Repre Payment/Waiver receiv Check: Amou Credit Card: Amou	sentative only ed- COA CE re	p signature:Bank	Fire Day(s) Name	Time	Cost	Paid or Volunteer Date: Instructor Date: Check #:	Bldg/Room #