



**GUILFORD TECHNICAL
COMMUNITY COLLEGE**

Continuing Education Registration Form

Post Office Box 309, Jamestown, NC 27282

336-334-4822

**IMPORTANT: Please print clearly, respond to all questions completely, and sign registration form.
Incomplete or unsigned Registration Forms cannot be processed!**

Course: _____ \$ _____
Number (Code) Title Location Start date - End Date Amount

How did you hear about this course? Please select only one of the selections below:

Advertisement Live and Learn Catalog Corporate Contact GTCC Website Recruitment Activities Referral Other

Social Security #: _____ **(*only last four of social is needed)**

Name: _____
Last First Middle

Address: _____
Street, P.O. Box, Route City State Zip Code

County of Residence: _____ **Date of Birth:** _____
Month Day Year

E-mail Address: _____ **Home/Cell Phone:** C _____ D _____

Sex: 1. Female 2. Male
Ethnicity: 1. Hispanic/Latino 2. Non Hispanic/Latino
Race: 1. American/Alaska Native 2. Asian 3. Black or African American
 4. Hawaiian or Pacific Islander 5. White 6. Other

The highest education level that best describes you:
 0 1 2 3 4 5 6 7 8 9 10
 11 (Highest Grade Completed – Non-high School Graduate) 14 Vocational Diploma
 12 (High School Graduate) 15 Associate Degree
 -- GED or High School Equivalency 16 Bachelor's Degree
 13 Adult High School Diploma 17 Master's Degree or Higher

Employment: Full-Time (FT) Part-Time (PT) Retired (R)
 Unemployed – Not Seeking (UN) Unemployed – Seeking (US) Inmate

Employer: _____ **6 i g]bYgg Phone:** C _____ D _____

Employer's Address: _____

D'YUgYW YW'cbY: I certify that I am at least 18 years old and not enrolled in public school or I am under 18 and have provided a Minor Release Form to the Continuing Registration Office

Payment: **Fee:** \$ _____ **No confirmation will be sent.
You will be notified only if the class is full or cancelled.**

Total Payment: \$ _____ **Check one:** *Check Money Order Master Card Visa
***Make check payable to: GTCC**

Card Holder's Name: _____ Card Holder's Signature: _____

Card Number:

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 Exp. (MM / YY) _____ CSC Code _____

BY MY SIGNATURE, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Student Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Colleague ID Number : _____ **Term:** _____