



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:** Ç \_\_\_\_\_ 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:** Ç \_\_\_\_\_ 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:**

**HctU'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: \_\_\_\_\_ 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:** \_\_\_\_\_