GTCC
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: CTP 3001 027 (Number (Code)) | Business Writing (Title) | C1 - 169 (Location) | 8/30/23 - 8/30/23 (Start date - End Date) | $N/A (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 #: X X X – X X – **(*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:** ( )

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)
12 ☐ (High School Graduate)
-- ☐ GED or High School Equivalency
13 ☐ Adult High School Diploma
14 ☐ Vocational Diploma
15 ☐ Associate Degree
16 ☐ Bachelor's Degree
17 ☐ Master's Degree or Higher

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

Employer: _____ **Business Phone:** ( )

Employer's Address: _____

Please check one : 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:

Total Fee: $N/A

No confirmation will be sent.
You will be notified only if the class is full or cancelled.

Total Payment: $N/A **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: _____