



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 \$ (Rate) Over \$1000 Add

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Number (Code) Title \$ (Rate) Over \$1000 Add

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 #: _____ (*Used for reporting purposes only)

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:

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:** _____