

# GTCC

Guilford Technical  
Community College

Continuing Education Registration Form  
P.O. Box 309 Jamestown, NC 27282  
336-334-4822

**IMPORTANT: Please Print Clearly, Respond to all questions completely, and SIGN the registration form. Incomplete forms cannot be processed.**

Course: \_\_\_\_\_  
Course Code Course Title

Location: \_\_\_\_\_ Date: \_\_\_\_\_  
Begin End

(Student Information)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Colleague ID#: \_\_\_\_\_

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#: (\_\_\_\_\_) \_\_\_\_\_  
(Please Circle) Area Code-

(Student Demographic Info)

Sex:  1. Female  2. Male Ethnicity:  1. Hispanic/Latino  2. Non-Hispanic/Latino

Race:  1. Native American/Alaska  2. Asian  3. Black/African American  
 4. Hawaiian/Pacific Islander  5. White  6. Other

The highest education level that describes you:

12. High School Graduate  15. Associate Degree  
 -- GED/High School Equivalency  16. Bachelor's Degree  
 14. Vocational Diploma  17. Master's Degree or Higher

Employment:  Full-Time (FT)  Part-Time (PT)  Retired (R)  
 Unemployed

Please check one: I certify that I am at least 18 years old and not enrolled in a public school.  or I am under 18 and have provided a Minor Release form to the Con. Ed. Registration Office .

Please select the appropriate box that describes your employment status: (REQUIRED)

Sworn Officer  Yes  No

Agency/School: \_\_\_\_\_ State of Agency: NC or \_\_\_\_\_  
(Please DO NOT abbreviate Agency or School) (Circle NC or Indicate Applicable State)

Officer/Deputy/BLET  Fire Fighter  EMS  Tele-Communicator  Emergency Mgt.  
Paid or Volunteer Paid or Volunteer (circle one for Fire Fighter/EMS)

Military Police/National Guard  DOC  Other: \_\_\_\_\_  
Job Title

\*To receive fee waiver, an individual must verify that he/she meets at least one of the above criteria and by completing and signing this form the individual certifies that all information is correct. Individuals that do not meet the criteria for fee waiver must pay the appropriate application fee to register.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only

Colleague ID#: \_\_\_\_\_ Term: \_\_\_\_\_

Exempt  Non-Exempt Fee Paid: \_\_\_\_\_