



REGISTRATION FORM
ROCKINGHAM COMMUNITY COLLEGE
COMMUNITY & WORKFORCE EDUCATION DIVISION
P.O. BOX 38, WENTWORTH, NC 27375-0038
336 342-4261, EXT. 2140
FAX: 336-634-3023 WEBSITE: www.rockinghamcc.edu

ONLINE

The following information is **Required** by the North Carolina Community College System:

SECTION ID NUMBER _____ COURSE TITLE _____ TOTAL COST _____

NAME _____
 LAST FIRST MIDDLE

SIGNATURE _____
 SIGNATURE REQUIRED

SOCIAL SECURITY NUMBER _____ - _____ - _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY OF RESIDENCE _____

TELEPHONE HOME _____ - _____ - _____ WORK _____ - _____ - _____

E-MAIL ADDRESS _____ (Please Print)

DATE OF BIRTH ____ \ ____ \ ____ GENDER () Male () Female

ARE YOU OF HISPANIC/LATINO ORIGIN? () YES () NO

PLEASE CHOOSE ONE OR MORE RACIAL CATEGORIES TO DESCRIBE YOURSELF
 Black/African American Native American or Alaska Native
 Asian White
 Native Hawaiian or Other Pacific Islander

CIRCLE THE HIGHEST GRADE COMPLETED:

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+
 OR CHECK () passed high school equivalency (GED) through Community College

EMPLOYMENT: () Retired () Part-time () Full-time () Unemployed () Unemployed Seeking Employment

EMPLOYER _____ OCCUPATION _____

FOR BUSINESS OFFICE USE ONLY

CASHIER SIGNATURE _____ DATE _____ AMOUNT PAID _____

WAIVER CODE _____ CASH CHECK VISA MC RECEIPT # _____

PAYMENT OPTIONS: If paying by check, make check payable to **Rockingham Community College**.

If paying by credit card, Type: () Visa () MasterCard

Name on Credit Card _____

Credit Card # _____ Exp. Date: _____ 3digit Security Code: _____

Rockingham Community College does not discriminate in administering or access to or treatment of employment or admission in its programs and activities. No person shall be discriminated against on the basis of race, sex, religion, age, national origin or handicap. Inquiries may be directed to the Equal Opportunity Affirmative Action Officer at the college.