REGISTRATION FORM

ROCKINGHAM COMMUNITY COLLEGE
COMMUNITY & WORKFORCE EDUCATION DIVISION
P.O. BOX 38, WENTWORTH, NC 27375-0038
336 342-4261, EXT. 2140
FAX: 336-349-9986
WEBSITE: www.rockinghamcc.edu

Office Use Only

TERM: 01 5/15
END 02 8/14
DATES 03 12/31

The Following Information is Required by the NC Community College System

CONTRACT NUMBER _____ **COURSE TITLE** _____

NAME _____
LAST **FIRST** **MIDDLE**

SIGNATURE _____ **TELEPHONE:** _____
SIGNATURE REQUIRED **(CONTACT #)**

Personal ID NUMBER _____ **DATE:** _____

ADDRESS_____

CITY: _____ STATE: _____ ZIP: _____ COUNTY OF RESIDENCE: _____

TELEPHONE NO. H: _____-_____-_____ W: _____-_____-_____

E-MAIL ADDRESS: _____ (Please Print)

DATE OF BIRTH: _________ SEX: ( ) Male ( ) Female

RACE: ( ) White ( ) African American ( ) American Indian ( ) Hispanic ( ) Asian/Pacific Islander ( ) Other

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) thru Community College

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

EMPLOYER _____ OCCUPATION _____

PAYMENT OPTIONS:

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

If paying by credit card, Type: ( ) Visa ( ) MasterCard OR Bill To: _____
Credit Card #: _____ _____
_____

Exp. Date: _____ ATTN: _____

BILLINGS MUST BE ACCOMPANIED BY AN AUTHORIZATION

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.

CWED COLLECTION AGENT _____ **RECEIVED $**_____ **DATE** _____

FOR BUSINESS OFFICE USE ONLY

CASHIER SIGNATURE _____ DATE: _____ AMOUNT PAID: $_____

WAIVER CODE: _____ ☐ Cash ☐ Check ☐ Visa ☐ MC RECEIPT# _____