



ONLINE

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#