



<b>Have you taken a class at Mitchell before?</b> <input type="checkbox"/> <b>No</b> , provide complete Social Security # _____ <input type="checkbox"/> <b>Yes</b> , provide the last four digits of your Social Security # _____ OR <input type="checkbox"/> Mitchell Student ID # _____		<b>Mail, fax or deliver to:</b> Mitchell Community College, Attn: Registration Desk 701 West Front Street, Statesville, NC 28677 (704) 878-3220 Statesville (704) 663-1923 Mooresville <b>(704) 878-4271 fax or</b> <b>email</b> ce_registration@mitchellcc.edu <i>Registration not complete until payment received.</i>	
<b>COURSE TITLE</b>	<input type="checkbox"/> Day <input type="checkbox"/> Evening	Sect. #	Start Date
<b>COURSE TITLE</b>	<input type="checkbox"/> Day <input type="checkbox"/> Evening	Sect. #	Start Date

LAST	FIRST	MIDDLE	MAIDEN
MAILING ADDRESS			
CITY		STATE	ZIP
HOME PHONE		CELL	WORK
PREFERRED E-MAIL ADDRESS		DATE OF BIRTH	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American <input type="checkbox"/> Hawaiian

<b>EDUCATIONAL LEVEL</b> _____ Non-graduate <i>(enter highest grade completed, 0-11)</i> <input type="checkbox"/> High School Graduate <input type="checkbox"/> HSE Diploma or GED Diploma (High School Equivalency) <input type="checkbox"/> Adult High School Diploma <input type="checkbox"/> One-year College/Vocational <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree  <input type="checkbox"/> <b>agree</b> <input type="checkbox"/> <b>disagree</b> to let Mitchell Community College use photos of me taken in the classroom or on campus for marketing purposes.	<b>EMPLOYMENT STATUS</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <b>Employer</b> _____ <b>Occupation</b> _____	<b>FEE WAIVED</b> <input type="checkbox"/> Paid Firefighter <input type="checkbox"/> Volunteer Firefighter <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Paid Rescue <input type="checkbox"/> Volunteer Rescue <input type="checkbox"/> No Affiliation <input type="checkbox"/> Other _____ Department _____ Classification _____ <i>"My signature attests that I am actively affiliated with the public safety agency listed and I hold the job classification indicated."</i>
	<b>MITCHELL COMMUNITY COLLEGE CANCELLATION AND REFUND POLICY</b> <ul style="list-style-type: none"> <li>The College reserves the right to cancel a class due to lack of enrollment. In this case, preregistered/prepaid students will receive a full refund.</li> <li>Preregistered/prepaid students who officially withdraw from a course prior to its beginning will receive a full refund.</li> <li>Participants who officially withdraw from a course prior to the 10% point will receive a 75% refund.</li> <li>Participants who withdraw from a course after the 10% point are ineligible for a refund.</li> </ul>	

**REQUIRED: Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

OFFICE USE ONLY (Method of Payment)			
\$	Registration Fees	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check
\$	Total Collected	Third-party Billing	
Waiver Code	Payment Rec'd By	Receipt #	Date