



# Continuing Education Registration Form

Register me for:

Course Title	Start Date	End Date	Time	Location	Course ID (Mitchell Use Only)

### Have you taken a class at Mitchell before?

- No, provide complete Social Security # \_\_\_\_\_
- Yes, provide the last four digits of your Social Security # \_\_\_\_\_ OR Datatel Student ID # \_\_\_\_\_

Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellphone \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

Ethnicity  Hispanic  American/Alaska Native  Asian  Black or African-American  
 Hawaiian/Pacific Islander  White  Asian/Pacific Islander

Employment Status  Full-time  Part-time  Unemployed  Retired

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

### Highest Education Level Completed

- 0  1  2  3  4  5  6  7  8  9  10  11  12  High School Equivalency or GED Diploma  
 One-year College/Vocational Training  Associate Degree  Bachelor's Degree  Master's Degree  Doctorate Degree

### Please check any or all that may apply:

- Paid Fireman  Volunteer Fireman  Law Enforcement  Paid Rescue  Volunteer Rescue  No Affiliation  
 Other \_\_\_\_\_ Department \_\_\_\_\_ Classification \_\_\_\_\_

*"My signature attests that I am actively affiliated with the public safety agency listed and I hold the job classification indicated."*

I  agree  disagree to let Mitchell Community College use photos of me taken in the classroom or on campus for marketing purposes.

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

**MITCHELL USE ONLY** Waiver Code \_\_\_\_\_ Registration \$ \_\_\_\_\_ Tax \_\_\_\_\_ Total \_\_\_\_\_

Payment Rec. By \_\_\_\_\_ Date \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

Cash  Check \_\_\_\_\_  Credit Card \_\_\_\_\_ Bill to \_\_\_\_\_

### Mail, fax or deliver to:

Mitchell Community College, Attn: Registration Desk  
 701 West Front Street, Statesville, NC 28677  
 (704) 878-3220 Statesville  
 (704) 663-1923 Mooresville  
**(704) 878-4271 fax**

### Mitchell Community College Cancellation and Refund Policy

- 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.
- Preregistered/prepaid students who officially withdraw from a course prior to its beginning will receive a full refund.
- Participants who officially withdraw from a course prior to the 10% point will receive a 75% refund.
- Participants who withdraw from a course after the 10% point are ineligible for a refund.