



Continuing Education Registration Form

Colleague ID		Last Name		MI	First Name	
Last 4 Digits of Social Security Number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth			Home Phone
Mailing Address					Cell Phone	
City			State	Zip	Business Phone	
E-Mail Address			County			
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander		How did you learn about this class? <input type="checkbox"/> Mailer <input type="checkbox"/> Social Media <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____		Circle Highest Grade Completed 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 or <input type="checkbox"/> for High School Equivalency		Employee Status <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed, not seeking <input type="checkbox"/> Unemployed, seeking <input type="checkbox"/> Inmate
Employer			Firefighter, EMS, or Law Enforcement Affiliation			
Location of Instruction (Building, Room)					Term <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: _____	
Name of Course			Class Days (Circle) M T W T F S		Time _____ to _____	
Instructor's Name			Class Start Date		Class End Date	
Student's Signature			Date			

Registration/Payment Information

Email, fax or mail registration form to:

Continuing Education
Cleveland Community College
 137 South Post Road
 Shelby, NC 28152
 coned@clevelandcc.edu
 704-669-4205 (fax)
 704-669-4015 (office) for questions or to make payment

Registration and payment must be received one week prior to the start date of the class. Office hours are Monday – Thursday from 8 AM – 6 PM and Friday from 8 AM – 4 PM, excluding holidays and semester breaks.

Continuing Education Refund Policy

The College may refund registration fees under the following circumstances:

1. If a student officially withdraws from the class prior to the first class session, the student will receive a 100% refund.
2. If a class is canceled due to insufficient enrollment, the student will receive a 100% refund.
3. After a class begins and a student officially withdraws from the class prior to or on the 10% point of the scheduled hours, the student will receive a 75% refund.

This refund is limited to the registration fee and does not include accident insurance, liability insurance, textbooks or supplies.

OFFICE USE ONLY

Amount of Fees Paid	Date Paid	Institutional Representative
---------------------	-----------	------------------------------