

Registration for Corporate & Continuing Education Only

Mail:

Surry Community College, Corporate and Continuing Education, 630 South Main Street, Dobson, NC 27017

Walk-in:

Bring your registration form along with payment to the J-Building, Room 120. Hours: Monday - Thursday, 8:00 a.m. - 6:00 p.m. Friday, 8:00 a.m. - 3:00 p.m.

Fax: (336) 386-3691

COURSE NAME		SECTION/ID NUMBER	COURSE DATE/S
COURSE TIME	COURSE LOCATION	COURSE DAYS	INSURANCE <i>For Office Use Only</i>
INSTRUCTOR		SEMESTER	BILL TO <i>For Office Use Only</i>

COURSE TUITION	TECHNOLOGY FEE					TOTAL CHARGES
PAYMENT OPTIONS						
<input type="checkbox"/> CASH/MONEY ORDER		<input type="checkbox"/> TUITION WAIVER <i>[Check the appropriate waiver at the bottom of this form (**)]</i>				
<input type="checkbox"/> CHECK - MAKE CHECK PAYABLE TO <i>SURRY COMMUNITY COLLEGE</i> – PLEASE INCLUDE DRIVER’S LICENSE NUMBER ON CHECK						
<input type="checkbox"/> DEBIT CARD	<i>TYPE OF CARD:</i>	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<i>EXPIRATION DATE (MONTH/YEAR):</i>		
<input type="checkbox"/> CREDIT CARD	<i>TYPE OF CARD:</i>	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<i>EXPIRATION DATE (MONTH/YEAR):</i>		
CARD #: <i>(Debit/Credit)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SECURITY #: <i>(ON REVERSE SIDE OF CARD)</i>
STUDENT SIGNATURE FOR DEBIT/CREDIT CARD						
DRIVER’S LICENSE NUMBER			SIGNATURE OF CCE REPRESENTATIVE			

CORPORATE & CONTINUING EDUCATION REGISTRATION FORM						
SOCIAL SECURITY # / STUDENT ID		LAST NAME	FIRST NAME		MIDDLE NAME	
HOME ADDRESS: STREET ADDRESS		CITY	STATE OF RESIDENCE	ZIP	COUNTY	
TELEPHONE NUMBER		DATE OF BIRTH		GENDER (CIRCLE ONE)	ETHNIC (CIRCLE ONE)	
HOME: WORK: CELL:		(MONTH) (DAY) (YEAR)		M-MALE F-FEMALE	WHITE AMERICAN NATIVE BLACK HISPANIC ASIAN HAWAIIAN/PACIFIC ISLANDER	
EMPLOYMENT			CIRCLE HIGHEST GRADE COMPLETED			
<input type="checkbox"/> R Retired <input type="checkbox"/> E1 Employed 1-10 hrs per wk <input type="checkbox"/> E2 Employed 11-20 hrs per wk <input type="checkbox"/> E3 Employed 21-39 hrs per wk <input type="checkbox"/> E4 Employed 40 or more hrs per wk			<input type="checkbox"/> UN Unemp-not seeking emp <input type="checkbox"/> US Unemp-seeking emp <input type="checkbox"/> FT Full-time employed <input type="checkbox"/> PT Part-time employed			
**TUITION WAIVER – CHECK IF APPLICABLE <input type="checkbox"/> CEHRD – HRD <input type="checkbox"/> CEPFR – Paid Fireman <input type="checkbox"/> CEVFR – Volunteer Fireman			<input type="checkbox"/> CEPRS – Paid EMS/Rescue Squad <input type="checkbox"/> CEVRS – Volunteer EMS/Rescue Squad <input type="checkbox"/> CEPLW – Paid Law Enforcement <input type="checkbox"/> CECPR – Paid County School Employee		HOW DID YOU HEAR ABOUT THIS CLASS? <input type="checkbox"/> Newspaper/Radio _____ <input type="checkbox"/> Employer _____ <input type="checkbox"/> SCC Website/Internet <input type="checkbox"/> Family/Friend <input type="checkbox"/> Creating Success <input type="checkbox"/> ESC JobLink <input type="checkbox"/> Other _____	
STUDENT SIGNATURE			STUDENT EMAIL ADDRESS		DATE	