

COASTAL CAROLINA COMMUNITY COLLEGE Division of Continuing Education 444 Western Boulevard Jacksonville, NC 28546 910.938.6294

# **REGISTRATION FORM**

Payment is due at time of registration. Fax to 910.347.6174 or email: coned@coastalcarolina.edu Call 910.938.6294 to confirm transmission and complete registration before end of same business day.

## **Student Information**

Student Signatu	re:							Date:		
**	All fields are require	ed for comple	te regist	tration (PLE	ASE	PRINT	CLEA	·RLY)		
SSN or Student ID#:	!	Highest Grade Completed:								
(Full SSN is required for first time enrollment)				Some HS	_		$\vdash$		ocational Diplo	oma
Name:				HS Graduate Associate Degree GED Diploma Bachelor's Degree						
Last	First	M. Initia	<del>1</del>	Adult High School Master's Degree or Higher					gher	
Mailing			Occupation:							
Address:				Employer:						
				If Military, indicate unit:						
City	State	Zip		Active	i	Reserve	, [	Retired	Active D	Dependent
Email Address:	s: Employment: (Check one)									
Home Phone:		Unemployed – Not Seeking Employment								
		Unemplo	oyed -	– Seekir	ng Emp	loyment				
Cell Phone:				Employe Employe						
				Employe						
Work Phone:			<del></del>					re per weel	Κ.	
Date of Birth:  Sex: (check one)				***Tuition exemption: My signature above attests that I am actively affiliated with the public safety agency listed, and that I hold the job classification indicated. Please check appropriate box and list <a href="mailto:complete">complete</a> agency name and position/job title.						
Ethnic: (check one)  Hispanic Non-Hispanic  Non-Hispanic  Non-Hispanic  Hawaiian/Pacific Islander  White  Race: (check all that apply)  Native American / Alaska Native  Asian  Black or African American  Hawaiian/Pacific Islander  White				Firefighter (Vol.);  EMS Responder (Vol.);  Emergency Mgt. Personnel;  Telecommunicator/Dispatcher;  LE Officer;  Detention Officer;  Sponsored BLET  Agency:						
Date Last Attended Hig	ih School:			Job Title:						
City	State									
-		Course	<u>e Info</u>	rmation						
Class Title				Section Nu	ımbe	r				
Beginning/Ending Date				Days and						
Location	Coi	ntact Hours		HS/AHS/G	ED [		TABE		Other Pr	e-Req 🗌
Payment Information  OFFICE USE ONLY  Amount of Payment:  Receipt Number										
Form of Payment:	Check #	Check #Cash		Credit Card Waiver Billed to						
•	If tuition is to be billed to a third party, documentation must be provided on company letterhead at time of registration.									

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\*Please see back of form for important refund, insurance, and textbook information.



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College Bookstore: 910.938.6295

It is strongly recommended that students do not purchase their textbooks prior to 10 days before class start date, as textbooks may change from previous classes. The College Bookstore has a 10-day return policy and is located in the Student Center Building (Phone: 910.938.6295; website: http://www.coastalcarolina.edu/bookstore/)

#### **PLEASE NOTE**

Paid seats in class will be held for 30 minutes after the start of the first class, except for Defensive Driving, Motorcycle, and Notary courses. The instructor should direct all students that are more than 30 minutes late for class to the Continuing Education Building Office to reschedule.

Stand-by students must be present at the start of the first class. Situations will arise where a stand-by student will not be able to attend the class because the scheduled student arrived within the 30 minute guideline. Priority of selection for stand-by students will be: 1) students that have already scheduled and paid for a section of the class scheduled to start at a later date; 2) students with a scheduled training date closest to the present date; 3) unpaid/unscheduled students based on their arrival time in class.

**Cancellation of Courses:** Continuing Education non-credit classes are subject to cancellation if enrollment is insufficient. Registered students will be notified if classes are canceled.

#### REFUND POLICY

A refund shall not be made except under the following circumstances:

- (1) A student who officially withdraws (in writing) from an extension class(es) prior to the first class meeting shall be eligible for a 100 percent refund. Also, a student is eligible for a 100 percent refund if an applicable class fails to "make" due to insufficient enrollment.
- (2) After the respective class begins, a 75 percent refund shall be made upon the request of the student if the student officially withdraws (in writing) from the class prior to or on the 10 percent point of the scheduled hours of the class. Note: This rule is applicable regardless of the number of times the class meets or the number of hours the class is scheduled to meet.
- (3) A 100 percent refund shall be made if the student officially withdraws (in writing) from a contact hour class or an online class prior to the first day of class or if the college cancels the class. A 75 percent refund shall be made if the student officially withdraws from a contact hour class or an online class on or before the tenth calendar day from the first scheduled date of the class.
- (4) A student who officially withdraws (in writing) from a self-support class (Just for Fun, Motorcycle, Defensive Driving, etc.) prior to the first class meeting shall be eligible for a 100 percent refund. Also, a student is eligible for a 100 percent refund if an applicable class is cancelled by the College.
- (5) For applicable classes, none of the insurance fee is refundable once the class has started whether the student attended the first day of class or not.

Requests for refunds will be processed by the Accounting Office and may take up to 3-4 weeks.

Please initial here that you have read and understand the Refund Policy.						
	Initials	Date				

## LIABILITY INSURANCE \$16.00

#### Required for the following classes:

Cosmetology Emergency Medical Technician (B) Massage Therapy

Nurse Aide Ophthalmic Assistant Paramedic Phlebotomy

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