



**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 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*All fields are required for complete registration (PLEASE PRINT CLEARLY)

**SSN or Student ID#:** \_\_\_\_\_  
 (Full SSN is required for first time enrollment)

**Name:** \_\_\_\_\_  
 Last First M. Initial

**Mailing Address:** \_\_\_\_\_

City State Zip

**Email Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Sex:** (check one)  Male  Female

**Ethnic:** (check one)  Hispanic  Non-Hispanic  
**Race:** (check all that apply)  
 Native American / Alaska Native  
 Asian  
 Black or African American  
 Hawaiian/Pacific Islander  
 White

**Date Last Attended High School:** \_\_\_\_\_  
 City State

**Highest Grade Completed:**  
 Some HS  1 Year Vocational Diploma  
 HS Graduate  Associate Degree  
 GED Diploma  Bachelor's Degree  
 Adult High School  Master's Degree or Higher

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**If Military, indicate unit:**  
 Active  Reserve  Retired  Active Dependent

**Employment: (Check one)**  
 Retired  
 Unemployed – Not Seeking Employment  
 Unemployed – Seeking Employment  
 Employed – 10 hours per week  
 Employed – 11-20 hours per week  
 Employed – 21-39 hours per week  
 Employed – 40 hours or more per week

\*\*\*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 complete agency name and position/job title.

Firefighter (Vol.);  Firefighter (Co./St./Muni.);  
 EMS Responder (Vol.);  EMS Responder (Co./St./Muni.);  
 Emergency Mgt. Personnel;  Named in EOP  
 Telecommunicator/Dispatcher;  
 LE Officer;  Detention Officer;  Sponsored BLET

**Agency:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

## Course Information

Class Title		Section Number	
Beginning/Ending Date		Days and Times	
Location	Contact Hours	HS/AHS/GED <input type="checkbox"/>	TABE <input type="checkbox"/> Other Pre-Req <input type="checkbox"/>

## Payment Information

OFFICE USE ONLY

**Amount of Payment:** \_\_\_\_\_ **Receipt Number** \_\_\_\_\_

**Form of Payment:**  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.

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

