

WORKFORCE CONTINUING EDUCATION REGISTRATION 9101 Fayetteville Road, Raleigh, North Carolina 27603-5696 919-866-5800

Course:			
Section Nu		Title Date:	
Instructor:	Location:	Date:	Begin End
		(*Used for reporting p	urposes only)
Name: Last Address:	F	irst	Middle
Street, P.O. Box,		City	State Zip Code
County of Residence:		Date of Birth: Month	Day Year
E-mail Address:		Home Phone:	
Please Check: Sex: ☐ 1. Female ☐ 2. Male Ethnicity: ☐ 1. Hispanic/Latino Race: ☐ 1. American/Alaska Native ☐ 2. Asian ☐ 3. Black or African American ☐ 4. Hawaiian or Pacific Islander ☐ 5. White Check the highest education level that best describes you:			
□0 □1 □2 □11 (Highest Grade Con □12 (High School Gradu GED □13 Adult High School D	npleted – Non-high School Graduate) ate)	□7 □8 □9 □10 □ 14 Post High School Vocations □ 15 Associate Degree □ 16 Bachelor's Degree □ 17 Master's Degree or Higher	Military Status: al Diploma
Une	_	Unemployed – Seeking (US)	Retired (R) Inmate one:
			Date:
Payment: Fees: \$ \$			
Disability Support Services (DSS) is available for students who require disability accommodations. To determine eligibility, contact DSS at 919-866-5670 (TTY 779-0668).			
FOR OFFICIAL USE ONLY			
	Fees: Registration Class is Full	Total Amount Class was Canceled	_

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