WAKE TECH
COMMUNITY COLLEGE

9101 Fayetteville Road Raleigh, North Carolina 27603-5696

CONTINUING EDUCATION REGISTRATION

Course: _____ _____
Number Title

Instructor: _____ **Location:** _____ **Date:** _____ _____
Begin End

***Social Security # or College ID#:** _____ (*Used for reporting purposes only)

Name: _____
Last First Middle

Address: _____
Street, P.O. Box, Route City State Zip Code

County of Residence: _____ **Date of Birth:** _____ _____ _____
Month Day Year

E-mail Address: _____ **Home Phone:** _____

Please Circle:

Sex: 1. Female 2. Male

Race: 1. White 2. Black 3. American Indian 4. Hispanic 5. Asian 6. Other/Unknown/Multiple or Pacific Islander

Circle the **highest education level** that best describes you:

0 1 2 3 4 5 6 7 8 9 10

11 (Highest Grade Completed – Non-high School Graduate)
12 (High School Graduate)
-- GED
13 Adult High School Diploma
14 Post High School Vocational Diploma
15 Associate Degree
16 Bachelor's Degree
17 Master's Degree or Higher

Employment: ☐ Full-Time (FT) ☐ Part-Time (PT) ☐ Retired (R) ☐ Unemployed – Not Seeking (UN) ☐ Unemployed – Seeking (US) ☐ Inmate

Employer: _____ **Business Phone:** _____

Signature: _____ **Date:** _____

Any Continuing Education Student taking a class that lasts longer than a week, at Main Campus, Health Sciences Campus, or Western Wake Campus will need to pay a $5.00 campus access fee. The fee permits access to all campuses and is paid only once each semester.

Payment:

Fees: $ _____ **$** _____ **$** _____
Registration Other **Total Amount**

Total Payment: $ _____ **Check one:** ☐ *Check ☐ Money Order ☐ Master Card ☐ Visa

***Make check payable to: Wake Technical Community College**

Card Holder's Name: _____ Card Holder's Signature: _____

Card Number: | | | | | | | | | | | | | | | | Expiration Date: _____ / _____
MM YR

Disability Support Services (DSS) is available for students who require disability accommodations.
To determine eligibility, contact DSS at 662-3045 (TTY 779-0668).

FOR OFFICIAL USE ONLY

Fees: $ _____ $ _____ $ _____
Registration Other **Total Amount**

☐ **Class is Full**	☐ **Class was canceled**

AN EQUAL OPPORTUNITY INSTITUTION