

Continuing Education Registration

Please print or type. Information on race and sex is voluntary and will not be used for admissions process.

Print Name (Last, First, Middle Initial)			Social Security Number (for student Information only)		
Mailing Address					
City		State	Zip Code	County of Residence	
Home Phone Number		Business Phone		Cell Phone Number	
Email address (please print legibly)			Date of Birth (Month/Day/Year) / /		<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic <input type="checkbox"/> 1. Hispanic / Latino <input type="checkbox"/> 2. Non Hispanic / Latino	Race <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. Hawaiian/ Pacific Islander <input type="checkbox"/> 4. Asian <input type="checkbox"/> 5. American/ Alaska Native	Circle Highest Grade Completed 0 2 3 4 5 6 7 8 9 10 11 12 or <input type="checkbox"/> Adult High School <input type="checkbox"/> High School Equivalency (GED) <input type="checkbox"/> One Year Vocational Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher		Employment Status <input type="checkbox"/> 1. Retired (R) <input type="checkbox"/> 2. Unemployed Seeking (US) <input type="checkbox"/> 3. Unemployed Not Seeking (UN) <input type="checkbox"/> 4. Employed: Part-time (PT) <input type="checkbox"/> 5. Employed: Full-time (FT)	
I certify that the information above is true and accurate and that my legal residence for tuition purposes is as shown. Pursuant to College Procedure 8.1.1, Blue Ridge Community College reserves the right to use photographs, motion pictures, and electronic images of students who are age 18 or older for marketing and promotional purposes. Objection to the use of an individual's photograph in such a manner may be made in writing to the Director of Public Relations.					Due to North Carolina legislative changes the senior waiver has been eliminated.
SIGNATURE (required for all students):					

Course #	Date(s)	Course Title	Day(s)	Time	Registration Fee
Registration Fees ONLY – No textbook/materials cost should be included					Total \$

Do you need a receipt mailed to you? Yes No

If you have a documented disability, please make an appointment with the Director of Disability Services (694-1813) prior to class start to self-disclose in order that you may receive reasonable classroom or lab accommodations.

Please check all information before mailing. Course number must be accurate to ensure proper placement in class. Send check or money order made payable to Blue Ridge Community College (no cash, please) to:

**Continuing Education
 Mail-In Registration
 Blue Ridge Community College
 180 West Campus Drive
 Flat Rock, NC 28731-4728
 Phone (828) 694-1735
[Blue Ridge Community College](http://www.blueridge.edu)
<http://www.blueridge.edu>**

(FOR OFFICE USE ONLY)

BRCC Student ID Number	Receipt Number
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Payment Information
 Total Amount Enclosed \$ _____
 Check Money Order Cash VISA MC
 AMEX 3rd Party Billing (Authorization Required)
NOTE: Credit Card payments are not permitted by phone or fax. Form can be mailed in or dropped off at the Continuing Education Office.

Card # _____ - _____ - _____ - _____

Expiration Date: _____ CSC: _____

Card Holder Name: _____

Signature: _____