# Registration Form

**Continuing Education Division**


MAIN CAMPUS 21 Campus Circle ● Murphy, NC 28906 ● 828-837-6810
GRAHAM COUNTY CENTER 145 Moose Branch Road ● Robbinsville, NC 28771 ● 828-479-9256
CENTER FOR APPLIED TECHNOLOGY 2415 Airport Road ● Marble, NC 28906 ● 828-835-9564


TRI·COUNTY COMMUNITY COLLEGE

www.tricountycc.edu

**NEW STUDENTS** complete **ALL** sections below.

**RETURNING STUDENTS** (if you have taken a class at TCCC within the last year) please complete sections 1 and 4. If you have any changes to personal information, complete section 2. Members of public safety agencies requesting a fee exemption ***must also*** complete section 3.

** Please note, students requesting a name change must complete a name change request form.*

## Section 1

**Class Title** _____ **Social Security Number:** _____

**Legal Name:** _____
Last First Middle/Former Name

**Date of Birth:** (MM/DD/YYYY) _____ **65 years of age or older?** ☐ Yes ☐ No

Minors: If you are at least 16 years of age and still enrolled in high school, you must have a concurrent enrollment form signed by your school principal and parent or guardian in order to register for the requested course. Registration will NOT be processed without the required form. Persons under 16 years of age will NOT be allowed to register.

## Section 2

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

**Home Ph:** _____ **Work Ph:** _____ **Cell Ph:** _____

**Gender:** ☐ Male ☐ Female **E-mail:** _____

**Race:** ☐ Native American/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ White

**Ethnicity:** ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

**Employment** (please circle one)**:** **US** Unemployed Seeking **UN** Unemployed Not Seeking **PT** Employed Part-time **FT** Employed Full-Time **R** Retired

**Highest Grade Completed** (please circle one)**:** 1 2 3 4 5 6 7 8 9 10 11 12 or GED 13 Adult High School Diploma 14 One Year Vocational Diploma 15 Associate Degree 16 Bachelor's Degree 17 Master's Degree or higher

## Section 3

**FOR FIRE, RESCUE, LAW ENFORCEMENT, AND EMERGENCY SERVICES PERSONNEL ONLY** (information below is required)

**Organization Type:** ☐ Volunteer **OR** ☐ Paid Municipal / County / State

*Note: In order to qualify for a fee exemption, the course for which you are registering must support the training needs of the public safety organization(s) with which you are affiliated and must be directly related to your duties within that organization. If the information below is not completed in its entirety, a fee waiver will NOT be granted and you will be responsible for payment. If a fee waiver is not granted and/or payment is not received in full, you will NOT receive credit for this class.*

**Department/Agency Name** (no abbreviations)**:** _____

**Primary Duties / Title within Department:** _____

## Section 4

**Tri-County Community College reserves the right to ask for verification of fee exemption eligibility from the student and/or agency.**

*I certify that the information on this application is correct. I agree to abide by the rules, policies and regulations of the college during my enrollment at Tri-County Community College. I understand that my registration cannot be processed if I have an outstanding debt with TCCC. If this class is for certification, by affixing my signature below, I grant permission to release the appropriate course information to the certifying agency, or, if applicable, to the public safety organization listed in section 3 above.*

**Signature:** _____ **Date of Registration:** _____

**FOR OFFICE USE ONLY**

**Section #:** _____ **Fee waiver(s) granted (if applicable):** _____ **Amount of fee waiver (if applicable):** _____

**Entered by:** _____

Revised 8/12