

Registration Form

Continuing Education Division



TRI-COUNTY
COMMUNITY COLLEGE
www.tricountyycc.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

WAIVER ELIGIBILITY

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.

Job Classification: Firefighter (Volunteer) Firefighter (County/State/Municipal) EMS Responder (Volunteer)
 EMS Responder (County/State/Municipal) Emergency Mtg. Personnel Named in EOP Telecommunicator/Dispatcher
 LE Officer Detention Officer Sponsored BLET DACJJ Certified Officer Educator (Elementary/Secondary)
 Other (please specify): _____

Department/Agency Name (no abbreviations): _____

Section 4

Out of State Notification for Licensure/Certificate Courses & Programs:

Students who attend the College from out of state should be aware that the College has not made a determination whether programs or courses which lead to state licensure or certification meet educational requirements outside of North Carolina. Examples of such programs are Basic Law Enforcement Training, Cosmetology, Emergency Medical Science, Esthetics, Nursing, and Therapeutic Massage.

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: _____