

CONTINUING EDUCATION REGISTRATION FORM

Print in black or blue ink or type all informat	ion below:	
For which course are you applying? [Only one course per form]		
Course #: Section #:	Date course begins:	Date course ends:
PERSONAL:		
Name:		
(Last)	(First)	(Middle/Maiden Name)
Social Security Number:	Date of	of Birth:
Home Phone:	Work Phone:	
Cell Phone:	Email Address:	
Name you prefer to be called:	County of Resid	dence:
Mailing Address:		
(Number and Street Address)	(City)	(State) (Zip)
Parent or Guardian Name	Phone	
(if student is under age 18)		
Emergency Contact Name	Relatio	nship
Phone Number		
GENDER	ETHNIC GROUP/RACE	
Female	Hispanic of any race	Native Hawaiian or Other Pacific
□ Male	For non-Hispanic only:	Islander
	American Indian or Alaska Native	□ White
	Asian	Two or more races
	Black or African American	
1. Are you a U.S. Citizen? (If no, you must present a valid I-551 or Permanent Resident Card)		
English is my native (first) language.	Yes No*	
	a TOEFL score of at least 220 (computer version ess your application. Please contact www.toef rus College School Code 550).	
2. Are you an employee of CMC-NE or one of its affiliate OR a CCHS student? Yes No		
3. Have you ever been arrested, charged with or convicted of a criminal offense other than a minor traffic violation? Yes No <i>If yes, are such criminal charges pending against you at this time? Please attach an explanation describing the circumstances and current status of such arrests, charges or convictions. Certain misdemeanors and/or felonies may make a graduate ineligible for professional certification/licensure.</i>		

REFUND POLICY

- 1) Registration fee is refunded if the class is cancelled due to insufficient enrollment.
- 2) Background check fee in non-refundable
- 3) Registration fee is <u>not</u> refunded if the student fails to attend class or withdraws after course withdrawal deadline. Course substitutions prior to the first class meeting will be considered. Please call 704-403-2216.