WILKES COMMUNITY COLLEGE

Workforce Development & Community Education
Course Registration Form

P.O. Box 120 • 1328 S. Collegiate Drive • Wilkesboro, NC 28697-0120
www.wilkescc.edu/WDCE

Wilkes Campus
336-838-6210
Ashe Campus
336-846-3900
Alleghany Center
336-372-5061

FOR OFFICIAL USE ONLY

Contract:_____ _____ Term:_____ Time: _____
Number Course Title
Instructor:_____ Location:_____ Date: Start_____ End_____

Name:_____
Last First Middle

Address:_____ ☐ check here if new address
Street, P.O. Box, Route City State Zip Code

County of Residence:_____ **Telephone:**_____ _____ _____
Home Cell Business

Social Security # or College ID #_____ **Date of Birth** (MM/DD/YY)**:** _____

Gender: □ Male □ Female

Ethnicity: □ Hispanic/Latino □ NON Hispanic/Latino

Race: □ White □ Black/African American
□ Hispanic □ American Indian
□ Asian/Pacific Islander

Circle the **highest education level** that best describes you:
1 2 3 4 5 6 7 8 9 10 11 12 GED Diploma
13 AHS 14 One-year Voc Diploma 15 Associate Degree
16 Bachelor's Degree 17 Master's Degree or Higher

Name of Last High School Attended:
_____

Employment:

□ FT Full-time employed □ PT Part-time employed
□ UN Unemp – not seeking □ US Unemp-seeking
□ E1 Employed 1-10 hrs/wk □ E2 Employed 11-20 hrs/wk
□ E3 Employed 21-30 hrs/wk □ E4 Employed 40+ hrs/wk
□ R Retired □ Inmate

Tuition Waiver – Check if Applicable:
□ CECPR – Elementary/Secondary School Employees (First Aid/CPR Course)
□ CEPFR – Paid Fireman □ CEVFR – Volunteer Fireman
□ CEBSP – Basic Skills Plus □ CEPRS – Paid Rescue/Life Saving
□ CEHRD – HRD □ CEVRS – Volunteer Rescue/Life Saving
□ CECOR – Adult Corrections □ CEPLW – Paid Law Enforcement
□ CEDJJ – Juvenile Corrections

Fees:
Tuition $_____
Technology Fee $_____
Student Insurance $_____
Malpractice Insurance $_____
Supply Fee $_____
Bookstore Charges $_____
Total Fees: $_____
Card Holder's Signature: _____

Payment Method (check one): □ Cash □ Visa □ Master Card
*(*Payable to Wilkes Community College)* □ Discover □ American Express
□ *Check/Money Order
□ **Charge to third party sponsor

*(**Must have authorization attached from third party before charge can be made to sponsor)*

Card Holder's Name: _____
(Please Print) First Name Last Name

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Exp.Date ☐☐ ☐☐ ☐☐☐
Card # (16 digits) MM YY Security #

Student Signature	**E-mail Address**	**Date**