

Registration Form

Continuing
Education
Division



MAIN CAMPUS 4600 East U.S. 64 • Murphy, NC 28906 • 828-837-6810

GRAHAM COUNTY CENTER 145 Moose Branch Road • Robbinsville, NC 28771 • 828-479-9256

www.tricountycc.edu

Class Title: _____ Section Number: _____

Is this class for certification, re-certification, or licensure? Yes No

Social Security Number: _____ County of Residence: (If not NC, enter state.) _____

Name: _____
Last First Middle/Former Name

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

Home Ph: (____) _____ Work Ph: (____) _____ Cell Ph: (____) _____

Date of Birth: (M/D/Y) _____ E-mail: _____

Circle Highest Grade Completed: 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

Information in this shaded area is voluntary. It will not be used in decisions regarding the admission process.

Gender: Female Male

Ethnic Origin: (choose one from the following list)

Asian⁽⁵⁾ African American⁽²⁾ Hispanic⁽⁴⁾ American Indian⁽³⁾ White⁽¹⁾ Other/Mixed⁽⁶⁾

Occupation: _____

Employment: (please circle one) U Unemployed P Employed Part-time F Employed Full Time 1 Retired

Employer: _____

FOR FIRE, RESCUE, AND LAW ENFORCEMENT ONLY

Name of the North Carolina Fire Department, Rescue Squad, Law Enforcement, or EMS agency to which you belong:

Do you give Tri-County Community College permission to forward information regarding this class to the proper certifying or licensing agency? Yes No

Signature: _____ Date of Registration: _____

****NOTE: TO INSURE PROPER CREDIT, PLEASE MAKE SURE THE DATE IS CORRECT.****