



COASTAL CAROLINA COMMUNITY COLLEGE
 Division of Continuing Education
 444 Western Boulevard
 Jacksonville, NC 28546
 910.938.6294

REGISTRATION FORM

Payment is due at time of registration. Fax to 910.347.6174 or email: coned@coastalcarolina.edu
 Call 910.938.6294 to confirm transmission and complete registration before end of same business day.

Student Information

Student Signature: _____ **Date:** _____

*All fields are required for complete registration (PLEASE PRINT CLEARLY)

SSN or Student ID#: _____
 (Full SSN is required for first time enrollment)

Name: _____
 Last First M. Initial

Mailing Address: _____

City State Zip

Email Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Date of Birth: _____

Sex: (check one) Male Female

Ethnic: (check one) Hispanic Non-Hispanic
Race: (check all that apply)
 Native American / Alaska Native
 Asian
 Black or African American
 Hawaiian/Pacific Islander
 White

Date Last Attended High School: _____
 City State

Highest Grade Completed:
 Some HS 1 Year Vocational Diploma
 HS Graduate Associate Degree
 GED Diploma Bachelor's Degree
 Adult High School Master's Degree or Higher

Occupation: _____

Employer: _____

If Military, indicate unit:
 Active Reserve Retired Active Dependent

Employment: (Check one)
 Retired
 Unemployed – Not Seeking Employment
 Unemployed – Seeking Employment
 Employed – 10 hours per week
 Employed – 11-20 hours per week
 Employed – 21-39 hours per week
 Employed – 40 hours or more per week

***Tuition exemption: My signature above attests that I am actively affiliated with the public safety agency listed, and that I hold the job classification indicated. Please check appropriate box and list complete agency name and position/job title.

Firefighter (Vol.); Firefighter (Co./St./Muni.);
 EMS Responder (Vol.); EMS Responder (Co./St./Muni.);
 Emergency Mgt. Personnel; Named in EOP
 Telecommunicator/Dispatcher;
 LE Officer; Detention Officer; Sponsored BLET

Agency: _____

Job Title: _____

Course Information

Class Title		Section Number	
Beginning/Ending Date		Days and Times	
Location	Contact Hours	HS/AHS/GED <input type="checkbox"/>	TABE <input type="checkbox"/> Other Pre-Req <input type="checkbox"/>

Payment Information

OFFICE USE ONLY

Amount of Payment: \$ _____ **Receipt Number** _____

Form of Payment: Check # _____ Cash Credit Card Waiver Billed to _____

If tuition is to be billed to a third party, documentation must be provided on company letterhead at time of registration.

*Please see back of form for important refund, insurance, and textbook information.



COASTAL CAROLINA COMMUNITY COLLEGE
Division of Continuing Education
444 Western Boulevard
Jacksonville, NC 28546
910.938.6294
College Bookstore: 910.938.6295

It is strongly recommended that students do not purchase their textbooks prior to 10 days before class start date, as textbooks may change from previous classes. The College Bookstore has a 10-day return policy and is located in the Student Center Building (Phone: 910.938.6295; website: <http://www.coastalcarolina.edu/bookstore/>)

PLEASE NOTE

Paid seats in class will be held for 30 minutes after the start of the first class, except for Defensive Driving, Motorcycle, and Notary courses. The instructor should direct all students that are more than 30 minutes late for class to the Continuing Education Building Office to reschedule.

Stand-by students must be present at the start of the first class. Situations will arise where a stand-by student will not be able to attend the class because the scheduled student arrived within the 30 minute guideline. Priority of selection for stand-by students will be: 1) students that have already scheduled and paid for a section of the class scheduled to start at a later date; 2) students with a scheduled training date closest to the present date; 3) unpaid/unscheduled students based on their arrival time in class.

Cancellation of Courses: Continuing Education non-credit classes are subject to cancellation if enrollment is insufficient. Registered students will be notified if classes are canceled.

REFUND POLICY

A refund shall not be made except under the following circumstances:

- (1) A student who officially withdraws (in writing) from an extension class(es) prior to the first class meeting shall be eligible for a 100 percent refund. Also, a student is eligible for a 100 percent refund if an applicable class fails to "make" due to insufficient enrollment.
- (2) After the respective class begins, a 75 percent refund shall be made upon the request of the student if the student officially withdraws (in writing) from the class prior to or on the 10 percent point of the scheduled hours of the class. Note: This rule is applicable regardless of the number of times the class meets or the number of hours the class is scheduled to meet.
- (3) A 100 percent refund shall be made if the student officially withdraws (in writing) from a contact hour class or an online class prior to the first day of class or if the college cancels the class. A 75 percent refund shall be made if the student officially withdraws from a contact hour class or an online class on or before the tenth calendar day from the first scheduled date of the class.
- (4) A student who officially withdraws (in writing) from a self-support class (Just for Fun, Motorcycle, Defensive Driving, etc.) prior to the first class meeting shall be eligible for a 100 percent refund. Also, a student is eligible for a 100 percent refund if an applicable class is cancelled by the College.
- (5) For applicable classes, none of the insurance fee is refundable once the class has started whether the student attended the first day of class or not.

Requests for refunds will be processed by the Accounting Office and may take up to 3-4 weeks.

Please initial here that you have read and understand the Refund Policy.

_____ Initials

_____ Date

LIABILITY INSURANCE \$16.00

Required for the following classes:

Cosmetology
Nurse Aide

Culinary
Ophthalmic Assistant

Massage Therapy
Paramedic

Phlebotomy