DURHAM TECH

Continuing Education Registration Form

Complete the form below and mail or fax with payment to:
Durham Technical Community College
Attn: Continuing Education
P.O. Box 11307
Durham, NC 27703
Fax: 919-536-7277

- Payment or payment authorization is required at time of registration and must be received before the first class.
- Receipts or confirmations will not be sent for payments that are faxed or mailed.
- The refund policy can be found at **durhamtech.edu/continuinged/procedures.htm**.

Last name: _____ **First name:** _____ **MI:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

County: _____ ❒ Please check if this is a new address or change in information.

Home: (___)_____ **Business:** (___)_____ **Ext.:** _____ **Cell:** (___)_____

Colleague ID #: _____ (assigned by college if new student) **Date of birth:** _____
MM/DD/YYYY

Email address: _____

Highest education level completed
(Check one)

❒ Non-graduate
(highest grade completed) ____

❒ GED

❒ High school diploma

❒ Adult high school

❒ Vocational diploma

❒ Associate's degree

❒ Bachelor's degree

❒ Master's degree or higher

Gender

❒ Female   ❒ Male

Race
(Check all that apply)

❒ American/Alaska native

❒ Asian

❒ Black/African-American

❒ Hawaiian/Pacific Islander

❒ Hispanic/Latino

❒ Non-Hispanic/Non-Latino

❒ White

Registration fee exemption

❒ Durham Tech employee

❒ Other _____

Employment status

❒ Full time (40 or more hours/week)

❒ Part time (39 or fewer hours/week)

❒ Retired

❒ Unemployed (not seeking)

❒ Unemployed (seeking)

Course Number	Course Title	Location	M	T	W	Th	F	Sa	Su	Start Time	End Time	Start Date	End Date	Cost

_____   _____
College employee signature   **Date**

Check #: _____ **Bank:** _____

Credit card #: _____ AMEX ____ DISCOVER ____ MC ____ VISA ____

Cardholder name: _____ **Exp. date:** _____ (MM/YY) **Credit card security #:** _____

FOR OFFICE USE ONLY ••

ID #: _____ **Name:** _____ **Term:** _____ **Cost:** _____