REQUEST CODE

FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE

SEMESTER Spr Smr Fall

CONTINUING EDUCATION
STUDENT REGISTRATION DATA FORM

PLEASE PRINT LEGIBLY

SOCIAL SECURITY NUMBER	NAME OF COURSE	LOCATION OF INSTRUCTION

2. Name _____
3. Address Line 1 _____
4. Address Line 2 _____
5. City _____
6. State _____
7. Zip Code _____
9. Birthdate _____-_____-_____ (MO DAY YEAR)
10. Sex ☐ 1.Male ☐ 2.Female
11. Race 1.☐ White 2.☐ Black 3.☐ American Indian 4.☐ Hispanic 5.☐ Asian 6.☐ Other
13. State of Residence _____
14. County _____ ☐☐ (County Code) (Office Use ONLY)

12. Highest Educational Level
Enter Highest Grade Completed
- ☐ 01-11 Highest Grade Completed
- ☐ 12 High School Graduate
- ☐ — GED
- ☐ 13 Adult High School Diploma
- ☐ 14 Post High School Vocational Diploma
- ☐ 15 Associate Degree
- ☐ 16 Bachelor's Degree
- ☐ 17 Master's Degree or higher

15. Home Phone _____-_____-_____
16. Work Phone _____-_____-_____
17. Occupation _____
19. Employer _____
24. Citizenship
- ☐ U US Citizen
- ☐ E Eligible Legalized Alien
- ☐ N Naturalized Citizen
- ☐ A Non-Resident Alien

18. Employment Status
- ☐ 1 Retired
- ☐ 2 Unemployed (not seeking)
- ☐ 3 Unemployed (seeking)
- ☐ 4 Employed (1-10 hrs. per week)
- ☐ 5 Employed (11-20 hrs. per week)
- ☐ 6 Employed (21-39 hrs. per week)
- ☐ 7 Employed (40 hrs. or more)

The information on this data form is accurate to the best of my knowledge. Please enclose your registration fee.
Students are only allowed to take the same occupational class twice within a five-year period.

Student's Signature _____ Date _____

$ _____ ☐
Amount Collected or Non-Fee (please check) Signature of Collector Date

ACE794-SRDF (105)